

## Births, Deaths and Marriages Registration Bill 2022

**Submission No:** 273  
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**See attached:**

## Introduction

I am a layperson who has spent some time trying to work out if I am transgender. I will benefit from this bill—which is why I do not support it.

That may seem like a strange statement. Let me explain.

Some of the following information may seem strange and unbelievable if you have only heard the standard narrative from transgender activist groups. My intent is to provide better context for your review of the draft bill, showing why it is dangerously mis-aligned with reality and should be rejected.

## Terminology

Public discussion of trans issues in Australia tends to become confused because everyone uses different terms. In this submission, I use the following definitions:

- ‘male’ and ‘female’ = biological sex
- ‘transwoman’ = a male who identifies as a woman, and may try to mimic the appearance of a female body with the aid of medical transition. A shorthand for this kind of person is ‘MtF’ (male-to-female), which is not scientifically accurate, but is a reasonably well-known term.
- ‘transman’ = a female who identifies as a man. Another term I use for this kind of person is ‘FtM’.

Note the lack of a space in my terms ‘transwoman’ and ‘transman’. Trans activist organisations often prefer ‘trans woman’ and ‘trans man’. I avoid these terms because they obscure the reality of the situation. A ‘trans woman’ sounds like an unusual kind of woman (like a white woman or a French woman). Some trans people and activists go further and insist that a ‘trans woman’ is female in some literal, biological sense, which is incorrect. In reality, a transwoman is an unusual kind of *male*.

On the other hand, some commentators, such as radical and gender-critical feminists, use the words ‘male’ and ‘man’ interchangeably—as do much of the general public. They do the same with ‘female’ and ‘woman’. They therefore say, “Transwomen are men, not women”. While their usage strikes many as offensive, it is not actually incorrect in the way that calling a black man a white man would be. Indeed, one might say it is offensively correct.

Finally, some official sources (such as the Australian Bureau of Statistics) use ‘transgender male’ and ‘transgender female’. It is sometimes difficult to work out what they mean by this. A ‘transgender male’ could either be a biological male who has transitioned to identify as a woman, or the opposite—a biological female who has transitioned to identify as a man!

Please keep these varying definitions in mind when reviewing my submission and those of others.

## **My relevant background**

I am a Queenslander in my late thirties. Scientifically, I am a male. I have XY chromosomes, gonads that produce sperm, a penis, and a typical man's body shape. I was raised a boy and socialised as a boy. I am sexually attracted to females (heterosexual). To all outward appearances, I am a 'cis man'. Until recently, it did not occur to me to question this.

Yet for much of my life, I have had a strange, elusive and persistent feeling that I would prefer to be a woman, or should have been born a woman. This feeling is sometimes mildly comforting, sometimes deeply spiritual ... and sometimes intensely erotic.

In 2018, for a period of several months, I privately identified as transgender and made plans to transition. I did so after reading advice online from the trans community that suggested my feelings meant I was 'a woman on the inside'—even though I was not at all sure that was the truth. It seemed equally possible that I was simply a male with some kind of psychological issue or unusual sexual fetish.

I now know that the latter is correct. I am an autogynephile.

## **What is autogynephilia?**

An autogynephile is a heterosexual male who is sexually aroused by the fantasy of being a female.

Autogynephilia, or AGP, is sometimes described as an inward sexual orientation, a paraphilia (fetish), and/or a mental disorder.

Bizarre as AGP may seem, there are other inward-directed paraphilias that are even stranger—such as amputee fetishists who want to *become* amputees themselves.

Awareness of autogynephilia is crucial for understanding the transgender issue and modern trans activism. In fact, the term was coined when studying the causes of transsexuality in the 1980s. Although I only have a layperson's knowledge of the topic, I will summarise as best I can.

There is a widespread belief among the general public that most 'transsexuals' are feminine homosexual males who pose little risk to women and girls. This belief is incorrect. The majority of transwomen—biological males who identify as women—in Western countries today are autogynephilic. Often they are sexually attracted to women. This is because they are, scientifically speaking, heterosexual males with an unusual mental condition and sexuality.

There are two basic types of MtF transwoman:

1. The 'homosexual transsexual' or HSTS—a very feminine gay male who finds life easier if treated as a woman, instead of as a 'sissy' boy or man.
2. The autogynephilic transsexual or AGPTS—a heterosexual male who feels a deep erotic and spiritual desire to be a woman, or that he has always been a woman 'on the inside'.

Homosexual transsexuals are aetiologically related to gay men. Dysphoric feelings are not uncommon in young feminine boys. Most feel better by the time they reach adolescence or adulthood, and many grow up to be gay. However, a few transition socially, and perhaps medically, to imitate and be treated as women. For example, many *kathoey* (ladyboys) in Thailand are probably HSTS. This kind of transgenderism is intuitive and easy to understand, although its existence has lately been obscured by trends in the West.

By contrast, autogynephilic transsexuals are related to heterosexual transvestites (cross-dressers), and often have histories of fetishistic arousal to cross-dressing. Autogynephilic transwomen often seemed to be typical straight men or teenage boys with wives or girlfriends—but they may have secretly wrestled for decades with their desire to be, and identification with, women.

HSTS are sexually attracted only to men. Meanwhile, AGPTS may be attracted to men, women, both or neither. They may call themselves straight, bisexual, asexual, or ‘trans lesbian’. AGP men who have not transitioned may also tend toward bisexuality; a fictional example is Tim Curry’s ‘sweet transvestite’ character in *The Rocky Horror Picture Show*.

The bewildering range of sexual orientations among AGP transwomen, and AGP males in general, has given rise to the idea that there is no connection between sexual orientation and gender identity. However, it makes more sense when one recalls that an AGP male is aroused by the idea of *being a woman*. Having sex with a man may make an AGP feel like a real woman.

This typology was codified by sexologist Dr Ray Blanchard in the 1980s, but he did not invent it out of thin air. He built on the work of other researchers such as Magnus Hirschfeld, Kurt Freund and Norman Fisk.<sup>1</sup> In fact, two Australian researchers (Buhrich and McConaghy) came to similar conclusions in the 1970s.

Other studies since then have continued to investigate autogynephilia and the Blanchard typology. Of note are the hundreds of AGP case histories collected and published in 2013 by Dr Anne Lawrence, a self-described autogynephilic transsexual,<sup>2</sup> and ongoing work by researchers such as Prof J Michael Bailey, Dr Kevin Hsu and Dr James Morandini.

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<sup>1</sup> For an overview of the concept’s development, see Blanchard, R 2005, ‘Early history of the concept of autogynephilia’, *Archives of Sexual Behavior*, vol. 34, no. 4, pp. 439–446.  
DOI: 10.1007/s10508-005-4343-8

<sup>2</sup> Lawrence’s book is *Men Trapped in Men’s Bodies: Narratives of Autogynephilic Transsexualism*, 2013, Springer, New York.

## Controversy over autogynephilia

The Blanchard typology is not widely known or accepted. I myself was ignorant of it until 2019 and had no explanation for my strange feelings, despite my lifelong interest in sexuality science. This lack of awareness partly stems from decades of hostility and denial from trans activists. One researcher, Prof J Michael Bailey, was famously ‘cancelled’ in 2003 by a small group of transwomen activists for the crime of writing a popular science book explaining autogynephilia to the public.<sup>3</sup>

Many of these activists would be classed as autogynephilic transsexuals under the typology. They find the implications offensive. If they are autogynephilic, they are not truly ‘women on the inside’ in any real scientific sense, but rather men with an odd psychological and sexual condition. However, just because something is offensive does not make it untrue. In fact, it may be offensive *because* it is true.

Trans activists often insist that the concept of AGP is ‘pseudoscience’ that has been ‘debunked’. When I am open about my autogynephilia as an anonymous commentator on social media, I am sometimes called a liar, a ‘TERF sockpuppet’, or, conversely, a trans woman in denial of my gender identity. Yet it is difficult to find any refutation of the autogynephilia concept that stands up to scrutiny—only various challenges and criticisms, most of which I find weak.

For instance, it is sometimes claimed that AGP only occurs in men (transvestites), not in transwomen. But a man aroused by the idea of being a woman might well be motivated to transition—and become a transwoman. Indeed, some transvestites progress to transition later in life.

Another common argument is that autogynephilic transwomen are rare. Yet it is also claimed that erotic arousal at the fantasy of being a woman is a sign that one is transgender, because the majority of ‘cis women’ supposedly feel a similar erotic satisfaction in their own bodies. It does not take an expert to realise that both of these claims cannot be true at the same time.

In fact, neither claim is true. The former (that AGP transwomen are rare) is contradicted by the hundreds of case histories collected by Dr Anne Lawrence. The latter claim, that many females also experience ‘AGP’, was proposed in a flawed paper with a tiny sample size by Moser (2009), and demolished in a large 2022 study by Bailey and Hsu, published in *Archives of Sexual Behavior*. Nonetheless, Moser’s claim is frequently repeated uncritically in trans activist online spaces.<sup>4</sup>

Despite constant assertions that AGP has been discredited, it is easy to find abundant evidence of males who identify as ‘transgender women’ dressing and behaving in a clearly fetishistic manner (e.g. by browsing online trans forums and social media). Gender-critical activists often collect the more confronting examples to prove to sceptics

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<sup>3</sup> Bailey’s book is *The Man who would be Queen: The Science of Gender-Bending and Transsexualism*, 2003, Joseph Henry Press, Washington DC.

<sup>4</sup> The other frequently cited critic of autogynephilia is transwoman Julia Serano, a biologist (not a psychologist or sexologist), who is also largely responsible for popularising the notion that people are trans because they have a gender identity different to their natal sex. In my opinion, based on the autobiographical details given in *Whipping Girl* (2007), Serano is almost certainly autogynephilic.

that AGP exists. However, some AGP transwomen are quite conservative in their dress and behaviour.

As a layperson, I accept Blanchard's typology as broadly correct because it not only describes my own feelings perfectly, but explains much about transgenderism that is otherwise puzzling. For example, some married middle-aged men will suddenly announce they have always been 'a woman on the inside' and transition after a long history of cross-dressing in private, such as Caitlyn Jenner in the US. Meanwhile, other transwomen seem to have been markedly feminine from a young age, such as Georgie Stone in Australia. The former are clearly AGP, while the latter are likely HSTS. (It is sometimes difficult to be sure because some AGP transwomen try to present themselves as HSTS in the justified belief that they will be more accepted.) However, teenage autogynephiles exist—the condition is thought to be present by puberty or earlier—so some young transwomen are AGP too. Generally, the easiest way to tell the difference is to find out who they are attracted to. A 'trans lesbian' is almost certainly AGP.

A simple comparison between 'cis lesbians' and 'trans lesbians' helps to show the explanatory power of Blanchard's typology. Only about 1 in 50 biological females are exclusively attracted to other females. Yet at least 1 in 3 transwomen are only attracted to females. Another 1 in 3 are attracted to both males and females.<sup>5</sup> If transwomen are women, why is there such a huge discrepancy?

The mystery is solved once one realises that many transwomen are, scientifically speaking, heterosexual males who identify as women. If I were to transition, I would most likely be one of these 'trans lesbians'.

It is important not to trivialise the psychological impact of either condition on the sufferer. Both types of male may experience genuine and distressing dysphoria, for which transition may provide palliative care. Some commentators dismiss autogynephilia as 'just a fetish'—but it may have serious mental consequences, such as a sense of loathing for the reality of one's male body and voice. An autogynephilic male may even be disgusted by his own erotic interest in imagining he is a woman and relieved when hormone therapy lowers his sex drive—because his sexual arousal and erection reminds him of his maleness. In some cases, the erotic element is minor or barely perceptible compared to the dysphoric sense of 'wrongness' concerning his male body. I am fortunate not to experience dysphoric distress, but I have communicated with autogynephiles who do, and it is not a condition I would wish on anyone. However, there are also many AGPs for whom the erotic desire to be women is our primary motivating factor.

In the 20<sup>th</sup> century, transsexuals were assumed to be a tiny minority and legal exceptions were made on this basis. The number of transwomen who obtain genital surgery continues to be low—understandable given the serious and risky nature of the procedure and the limited number of surgeons available. However, the Blanchard typology indicates that the patients desperate and dysphoric enough to successfully navigate the strict medical gatekeeping of that time were merely the tip of the iceberg. There are many feminine gay males who might feel dysphoric in early childhood, but whose dysphoria

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<sup>5</sup> Estimates taken from FAQ pages on the Kinsey Institute's website.

will resolve naturally in adolescence or adulthood if left alone. Likewise, there are many autogynephilic males who are not particularly dysphoric and would formerly have contented themselves with private fantasies. I am in the latter category.

In the 21<sup>st</sup> century, the shift toward an ‘affirming’ climate where trans identification is unquestioned and even celebrated has encouraged many in both groups to socially and medically transition without robust screening. To continue the metaphor, it is as if more and more of the iceberg has become exposed by social trends.

In an article for the Sydney Morning Herald,<sup>6</sup> Associate Professor Ada Cheung states that approximately 0.5% of the population is transgender, and that a third of trans people are transwomen (males who identify as women). These numbers would be incomprehensible to anyone thirty or forty years ago. Even the 2016 Australian Census only records about 1000 people as trans using the most generous interpretation of the statistics.<sup>7</sup> The Census figure is closer to 0.005% of the population—a hundred times smaller than Cheung’s figure, and in line with estimates in the 20<sup>th</sup> century. Likewise, until this century, transwomen were more common than transmen; most dysphoric patients were males. Yet now the reverse seems to be true. Such discrepancies should alert the reader to the probability that the definition of ‘trans’ has shifted a great deal, and that people are now identifying as trans for social reasons rather than due to some fixed, innate quality.

For many of the more recent transitioners who were not well screened, transitioning may prove an unwise choice. My own autogynephilia is mild enough that medically transitioning would be a serious mistake causing irreparable damage to my body and psyche. But I came dangerously close to attempting it due to widespread misinformation in modern trans activism about the nature of my feelings.

Recently a third driver of trans identification has emerged: a tendency for troubled and possibly autistic young people to decide they are transgender for a variety of reasons, including discomfort with their changing bodies and desire to claim a fashionably oppressed identity. This shows signs of social contagion, similar to anorexia. The effect can clearly be seen in the skyrocketing number of teenage females identifying as transmen (FtM) or non-binary since 2010.<sup>8</sup> If these were merely trans people who had always been present unnoticed in the population, like left-handed people, one would also expect to see equal numbers of middle-aged females coming out as transmen—but we do not see that.

Some males are also affected by this social contagion. Along with other risk factors, they may feel guilty about being white males, who are seen as the oppressive social class in much left-wing and progressive discourse. My own temporary trans identification in 2018, which never progressed beyond secret plans for a future transition, was encouraged by this social climate as well as my mild AGP. Without favourable social conditions,

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<sup>6</sup> Cheung, A 2022, ‘Let evidence not fear drive policies on trans athletes’, *Sydney Morning Herald*, 25 April, <https://www.smh.com.au/national/let-evidence-not-fear-drive-policies-on-trans-athletes-20220423-p5afm1.html>

<sup>7</sup> ABS Census of Population and Housing, 2016.

<sup>8</sup> For an example of the Australian media’s blithe lack of concern about this increase, see the ABC News Breakfast online article by James Hancock, ‘Childhood demand for gender transition surges to record high’, 4 October 2018. (Note that the article does not distinguish patients by sex, but other sources do.)

transition might never have occurred to me. Teenagers are at much greater risk due to their intense need to belong. In the case of autistic teenage males, it can be difficult to tell how much of their trans identification is a product of their autism, how much is for social reasons, and how much is autogynephilia—especially because the latter is stigmatised and likely to be denied.

I believe the current bill will exacerbate the problem of social contagion by making it even easier for a troubled young person to transition in the hope that it will solve their problems, and even harder for responsible adults to deter them from irreversible decisions they may regret.

However, this is not the focus of my submission. Instead, I shall concentrate on the scientific and social implications of the two MtF types, and show why this bill is misguided.

### **Implications for the draft bill**

Contrary to what some believe, my autogynephilia does not make me a misogynist, a narcissist, or a sexual predator.

But it does make me a man.

To be precise, my AGP means I am a heterosexual man with an unusual sexual proclivity. I do not have a ‘female brain’ trapped in the wrong body. I do feel that way sometimes, and once had a karyotype test to check that my chromosomes are standard XY (they are). But this feeling is an epiphenomenon—a trick of my mind. For some AGPs, that feeling is intense and distressing enough to drive transition, but it is still ultimately an illusion.

My AGP makes me want to believe I am really a ‘woman on the inside’. But if I have AGP, I am not a woman in any objective sense. I am a man with a fetish.

This psychological contradiction lies behind much of the fierce denial of AGP seen in the trans community. For some autogynephilic transwomen, this kind of self-knowledge is intolerable and brings with it terrible shame. Therefore, they insist that they are women, even when the evidence shows that they are men and everyone else correctly perceives them to be men. They grasp at any explanation, however flimsy or contradictory, that will allow them to dismiss AGP as ‘debunked pseudoscience’. They may also insist that they have some undiagnosed intersex/DSD condition (see below). It is now taboo to call trans identification a mental disorder—but what other term better captures a persistent feeling or conviction that I am something I am clearly not?

A psychiatric patient who ‘hears voices’ experiences them as real. They may cause him great distress. He deserves treatment to alleviate that distress. But the voices are not actually real, because nobody else can hear them. It would therefore be foolish to force the general population to act as if the voices are real. Yet that is precisely what this bill proposes. It will force everyone to treat an obvious male as a female in law—or as non-binary, or some other recently invented identity category—simply because he claims to identify as one.

You may find that comparison offensive. That may be because you have been told that ‘trans is not a mental disorder’ and saying so is harmful. Or it may be because you have a

vague idea that developmental biology is complicated and that some people really can be ‘born in the wrong body’. Perhaps you have heard that intersex people exist—they are more accurately described as people with a disorder of sexual development or DSD—and that therefore sex is a spectrum. It is not. Sex is a strict binary that occasionally goes awry during embryonic development.

In any case, intersex has very little to do with transgender. Most trans people have standard male and female bodies, chromosomes and so on, until they alter them with hormones and/or surgery. Even then, they do not change sex. They merely try to *mimic* the other sex to some extent. I would still be a male even if I medically transitioned enough to approximate a woman’s appearance. Even if I legally changed my sex to female, I would still be a male in reality. My maleness is crucial in many contexts, such as receiving health care.

If the Blanchard typology is correct, neither HSTS transwomen nor AGP transwomen are women in any real scientific sense. If they are considered women, or assumed to be women because they ‘pass’, it is a social and legal fiction.

Therefore, it is misleading to think of ‘trans people’ as a fixed proportion of the population like left-handed people. The number of *potentially* transgender people is much greater than generally realised. Trans is not an innate quality like being gay or left-handed. It is a social, medical and legal status that one adopts—similar to marriage. Simply put, trans is not something you are; it is something you do.

It follows that there is no such thing as a ‘trans child’ in the same sense as a left-handed child. There is simply a child with issues of one sort or another. We do not speak of ‘married children’ even though there are married adults. It is a process one goes through to attain a social and legal status, not a starting point. In the case of a dysphoric child, their problems might be helped by transition, but they might well be better treated with other approaches. In many or most cases the child may be better left alone to grow out of it themselves; for instance, the dysphoria of feminine boys often resolves naturally in the teen years. It is possible that even Georgie Stone’s severe childhood dysphoria might have resolved naturally with time if no social and medical intervention had occurred, and Georgie might have grown up to be a feminine gay man.

In the past, this was better understood. A person became transgender *because* they were dysphoric. A clinician or therapist might therefore ask why a patient was dysphoric. Now, unfortunately, activists have encouraged clinicians and the public to flip this understanding on its head. These days, we assume a person is dysphoric *because* they are trans. ‘Trans’ is assumed to be like ‘gay’ or ‘left-handed’. Therefore, no questions need to be asked about why a patient is dysphoric or wants to transition; the answer is simply ‘because they are trans’. This conceptual reversal places many people, especially children, at risk of harmful intervention.

(Again, although I am not focusing on the impact on children of this draft bill, I recommend that you review the consequences of making social transition easier for under-16s with this conceptual framework in mind.)

Some transitioning males—often HSTS—are able to mimic the appearance and behaviour of females so well that they are assumed to be female and treated as female by

most people who meet them. Others—often AGP—are unable to mimic the female sex effectively, and so must rely on laws and social pressure to force the public to treat them as something they are not. A law such as this bill is an extreme example of such pressure. But biological reality cannot be wished away so easily.

For instance, males as a group are statistically much more likely to commit violent crimes and sexual assaults. This does not mean that most males are violent rapists. Nor does it mean most transwomen are violent rapists. It simply means that a space where only females are allowed will be much safer, statistically speaking, than a mixed-sex space. A male who identifies as a woman does not somehow become less statistically likely to be a threat.

Attorney-General Shannon Fentiman claims in her December 2 speech tabling the bill that “there is no evidence, domestically or internationally, to support these outrageous claims” of transwomen being a threat to women by accessing women’s spaces. But transwomen are males by definition—and it is males who are the issue here.

I do not know of any evidence that medically transitioned transwomen are less statistically prone to male-pattern violence or sexual assaults—or that autogynephilic males in general are any less dangerous than the average male population on average. Some gender-critical women are convinced that we AGP males are *more* dangerous than other men.

Figures from the United Kingdom are concerning. The 2021 census for England and Wales shows that 48 000 people identified as transwomen. With 82 males who identify as trans currently incarcerated for sex offences,<sup>9</sup> that suggests 1 in 585 males who identify as women are currently imprisoned for sex offences. By comparison, the proportion of ordinary males is five times lower, around 1 in 2500–3000. And the proportion of *females* currently incarcerated for sex offences is much lower than that: about 1 in 243 000.<sup>10</sup> I see no reason why the situation would be any different here in Australia.

Of course, over 100 000 people who reported on the England and Wales census that their gender identity did not match their registered birth sex declined to state how they identify, so it may well be that there are many more than 48 000 males who identify as women. If so, the true proportion of incarcerated sex offenders is not as high as 1 in 585, but it is unlikely to be lower than the proportion for the general male population. It is also unclear how many of these males are autogynephilic compared to other conditions associated with trans identification—and how many are simply opportunistic men claiming to be transgender for cynical reasons. Other factors may skew the figures higher or lower, and as a layperson I may be misinterpreting them.

Nonetheless, the disparity contradicts Shannon Fentiman’s claim that there is no cause for concern over self-ID. Either dangerous men who are not ‘truly’ transgender are identifying as women, or ‘genuine’ transwomen really are more of a risk to females, on average, than other males.<sup>11</sup> In either case, it is clearly unwise to allow males to claim

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<sup>9</sup> Ministry of Justice data (UK).

<sup>10</sup> These calculations were done by radical and gender-critical feminists and posted on Twitter, based on various official statements and FOI requests.

<sup>11</sup> Trans activism has long insisted that anyone who says they are trans is trans—making it difficult for activists to now backpedal and call these offenders mere cynical opportunists.

legal female status with the ease that this bill offers. In addition, given the vulnerability of minors to sexual predators, the proposed removal of section 28 from the Anti-Discrimination Act 1991 should ring alarm bells.

Males are also physically stronger and faster than females on average. This is not true of every male, but it is true of enough males that we have historically segregated sport by sex to enable women to have a fair go. A male who identifies as a woman may be somewhat slower and weaker than other males after some time on hormone therapy, but physical advantages gained during male puberty persist.<sup>12</sup>

Moreover, if transwomen are scientifically male, the power dynamic as commonly presented in the media and social justice circles is upside down. Trans and gender diverse people are usually portrayed as an oppressed minority—as an underdog confronting a powerful ‘cis majority’, much like workers versus Big Business, or gay and lesbian people versus straight people. But if the majority of people now identifying as transwomen are in fact heterosexual males like myself, then we are actually members of a powerful and socially dominant demographic: straight men. It is *females* who are the underdogs. The current fashionable emphasis on ‘cis versus trans’ obscures this more basic and enduring imbalance of ‘male versus female’.<sup>13</sup>

Because of this, I urge you to listen carefully to the concerns of women who are making submissions about this bill. You may be operating on the assumption that this is a repeat of the struggle for gay rights: that the trans activists are another tiny struggling minority fighting against bigoted reactionaries. That is how the activists like to portray themselves. In reality, we autogynephiles already enjoy the full rights of heterosexual men—after all, we grew up that way. What we are demanding are extra privileges that intrude on the rights of women. They should be understood by legislators as privileges to be earned, not as rights to be granted without question.

In her speech tabling the bill, Shannon Fentiman refers to alleviating the anxiety and embarrassment of trans people whose birth certificate still accurately designates their sex. While that is a worthy goal, she appears to have no interest in or concern for the anxiety and embarrassment—not to mention serious danger—that widespread intrusion of male people into female spaces will cause women. A similar intrusion of females into male spaces will also cause anxiety and embarrassment to men, particularly gay men. However, women are more at risk from serious consequences due to well-established sex differences in strength, aggression and sexual behaviour.

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<sup>12</sup> I am not qualified to address the science of sport, but I recommend the 2022 SBS *Insight* episode ‘Gender Games’ for an overview of the topic.

<sup>13</sup> When one notes the speed at which trans activism has achieved its goals compared to gay rights activism, one cannot help but wonder if the power differential explains this swift success. After all, AGPs are a subset of heterosexual males, who have historically wielded most of the power and influence in the world. It is an impressive coup to have convinced the political Left that we are David instead of Goliath.

## **Personal reasons why I do not support the bill**

The specific problems with the draft bill are so numerous that it would take dozens of pages to list them all. As they are likely to be thoroughly covered in other submissions, I will not repeat them here. The context I discuss above should make most of the problems immediately apparent. Instead, I will explain why I said that the bill should be rejected even though it will benefit me.

As stated, I am an autogynephilic male.<sup>14</sup> That means I am a man with a sexual fetish. Unlike some, I am not dysphoric or distressed by this condition. Nor am I ashamed of it. If I were to transition, it would be primarily for erotic gratification. I might take hormones to ‘feminise’ the shape of my body and better mimic a woman’s, and perhaps get breast implants. I would probably not want to have genital surgery—though many autogynephiles do want that, at least in theory. I would likely stay attracted to females, and therefore call myself a trans lesbian. With enough time, effort and money, perhaps I would achieve reasonable mimicry of a woman’s appearance. Perhaps I would not.

Of course, in the current social climate, I might not need to do any of those things in order to count as a ‘trans woman’. These days, it is widely held that anyone who says they are trans is trans, and should not be questioned or misgendered. All I need to do is state that my gender identity is ‘woman’. Therefore I could simply don a wig and a dress, call myself a woman, and enter the women’s toilets, changing rooms, book clubs, crisis centres and the like. In past decades I would have been referred to as a transvestite and understood to be an eccentric kind of man—but now I can demand to be treated as a woman. (See the example of Eddie Izzard in the UK.) In fact, I do not need the wig or the dress. It seems that simply calling myself a woman or a lesbian is now enough. I can even have a beard. (See the example of Alex Drummond, also in the UK.)

Because self-ID has been ‘best practice’ since 2013 in Australia, at least at the Federal level, I could already use many female-only spaces in Queensland with a considerable amount of freedom if I wanted to. Women might be deterred from challenging me because of the social pressure to accept me as a woman. However, the existence of my current birth certificate, with my sex accurately marked as ‘male’, does give women a final, desperate legal recourse if they need to exclude me from a female-only space.

This bill will remove that last line of defence. Once it is passed, I can simply pay the fee, make the statutory declaration in the presence of someone who has known me for a year, and change my birth certificate marker to female. From then on, as far as I can tell, it will be legally impossible to remove me from women’s toilets, changing rooms, lesbian bars and dating apps, domestic violence shelters and so on. After all, I will be legally female and therefore deserve to be there. (I understand that the two areas most likely to rely on the birth certificate’s sex descriptor are sports and schools.) Presumably this would even extend to female prisons if I had my marker changed before I committed the crime that put me in prison.

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<sup>14</sup> To be specific, I am an *anatomic* autogynephile. I am aroused by the idea of having a female body. Wearing women’s clothes does not particularly excite or interest me. Therefore I have rarely cross-dressed, and so did not realise for many years that I was similar aetiologically to either transvestites or to transsexuals. Other subtypes of autogynephile include transvestic, physiologic and behavioural.

Make no mistake: I would use a female-only space because I find it pleasantly exciting and because I like to imagine that I am ‘one of the girls’. It would make me feel validated and included—and mildly titillated. And, being a heterosexual male, I would enjoy the prospect of seeing attractive women naked. But because I would be a heterosexual male identifying as a woman, not actually a female, many women (and teenage girls) will not be pleased to have me wandering around in such places—when undressing in changing rooms, for example. They may include your daughter or granddaughter, your niece or your sister. They may include former victims of domestic and sexual violence who feel deeply unsafe around males. Indeed, they may include former partners of AGP husbands or boyfriends who mistreated them and who are now social pariahs for refusing to support the transition—the ‘trans widow’ phenomenon.

You might protest that if I do anything untoward in a female space, I can be arrested and penalised like anyone else. My first response is that simply excluding me, and most or all other males, would largely prevent the possibility arising in the first place—which is one of the key reasons female-only spaces exist. My second response is that I do not have to do anything threatening or sexually coercive while I am there enjoying the warm glow of being validated as a woman. The mere fact of my presence will disturb enough biological women that they will stay home rather than risk meeting me, or someone else like me. It only takes one male like me to destroy a cherished space for dozens or hundreds of women. In the interests of inclusion for a minority, the bill will exclude the majority for whom those spaces were designed.

Of course, I might be prevented from changing the marker on my birth certificate on the grounds that these reasons are improper. But I could simply not mention my erotic motives when making my application to change my record of birth sex. I could simply deny having autogynephilia if challenged.

Alternatively, I might not bother to jump through the hoops in the first place. Instead I might just go into female-only spaces without a change of sex marker. Women will probably not dare to challenge me—because I *might* have changed my birth certificate to female. How can they be sure I have not? Better to stay quiet and not risk legal proceedings.

All in all, this bill appears to hand me a great deal of power to gratify my unusual sexual desires and wishes with impunity, under the sexless guise of ‘identity’. And if I *were* to do something unethical and illegal, I would probably be reported as a female and recorded as a female in crime statistics—skewing the data.

To be clear: my examples above about how I might behave are hypothetical. I will not do any of those things. I have a conscience and a sense of decency. But I might have done those things in the state of mind I occupied in 2018, when I convinced myself I was ‘a woman on the inside’ and planned to transition. At that time, it did not occur to me to consider female reactions to my use of their space for my own gratification. I was too busy riding the high of the fantasy. Fortunately, I never progressed to actual behaviour before I learned about autogynephilia, realised how my planned actions would affect women, understood that a sexual motive required consent, and dropped all plans to transition.

But I am not the only autogynephilic male in Queensland. Some of us will resist the temptation. Some of us will not. Judging by behaviour reported on social media around the world, some of us appear to have exhibitionistic tendencies—enjoying the thrill of undressing and being naked in female-only spaces, or even masturbating. Some of us identify as transwomen, whether or not we have embarked on medical transition. Some of us have an intense need to be ‘validated’ as women, and may grow angry and threatening if this is refused or challenged.

For every male like me, there will be other men who do not have AGP, but are typical straight blokes keen to have a perve. Alongside them, there will be assorted well-meaning males (some perhaps on the autism spectrum) who are simply doing what is now socially sanctioned in the belief that anyone who objects to their identity must be a bad person. And, of course, there will be a minority of males, some AGP and some not, who are very dangerous indeed.

This bill opens the floodgates to all of us simply to alleviate embarrassment and anxiety for trans people. It pays no attention to the much greater embarrassment and anxiety—not to mention genuine danger—it will cause to females. It is the equivalent of using a nuclear bomb to crack a nut. The consequences may be slow at first, because many people will be unaware of the legal reforms, but they are likely to snowball as more and more males are emboldened.

### **Ideology behind the bill**

You may feel that there should be some kind of provision to stop a fetishist like me abusing the intent of the bill. You may be mentally drawing a line between me and ‘real trans women’ whom you feel deserve to be there. If so, you are thinking along the same lines as the older, supposedly outdated requirement to have genital reassignment surgery. You are trying to find a compromise that will allow special exceptions to a few deserving people, while excluding assorted unsavoury types who might take cynical advantage. That particular compromise—surgery—has problems and is unsatisfactory to many, but it is a compromise nonetheless. The line could be drawn in some other place, perhaps more lenient, perhaps more strict.

In crude terms, the old approach was ‘no until yes’. That is, it assumed that all males should be kept out unless they met certain strict criteria. Another example of a ‘no until yes’ approach is seen in restrictions on adults entering school grounds. We do not generally permit anyone to wander into the playground without special permission. Most adults are trustworthy around children, but we recognise that a few are not—and they cannot always be spotted until it is too late. The disappointment of kindly strangers who would dearly like to greet and look after those children does not outweigh the need to keep children safe.

The approach of this draft bill is the reverse: ‘yes until no’. It is not a compromise, but a capitulation. It states that all males should be allowed to access female spaces and services if they identify as female, even if they have not bothered to get surgery, take hormones, change their appearance, dress as women or make any effort at all besides sign the form and pay the fee, unless they do something ‘improper’ in the eyes of the registrar.

(Prisoners appear to be the only ones who have some modest restriction in place.) After all, anyone who says they are trans is trans—no questions asked. I am a woman if my gender identity is ‘woman’—and no one can tell me what my gender identity is except me. You cannot even tell if I am sincere about my gender identity or lying.

The bill takes this approach because it is essentially an ideological reform. It is not evidence-based, but a matter of faith. The ideology in question asserts that:

1. Everyone has a ‘gender identity’ that may match their biological sex or differ from it.
2. People are trans because their gender identity does not match their sex—rather than for any other reason, such as autogynephilic dysphoria, extreme homosexual femininity, discomfort with their body caused by autism, desire to belong to a trendy social group, etc.
3. Gender identity is more important than sex. It should override sex in all social and legal situations. (Some true believers even think that gender identity or medical transition literally change your sex.)

In summary, people are what they say they are. Their identity defines reality. Often this is called ‘gender-identity ideology’.

That is why the bill replaces the sex descriptor with what is, to all intents and purposes, a gender-identity descriptor.

A believer in gender-identity ideology would dismiss my arguments earlier about sex differences in crime rates. To the believer, a transwoman cannot possibly be more statistically likely to commit violent crimes or sexual assaults than a biologically female woman. After all, ‘trans women are women’. Merely by having the gender identity ‘woman’, a male supposedly becomes just as safe to be around as any other woman. To suggest otherwise is transphobia.

If this sounds crazy, that is because it *is* crazy. Yet large numbers of people now believe such things uncritically. The ideological roots lie partly in the academic social sciences (particularly queer theory), partly in the general sentiment on the political Left that we can fix all our problems if we just change our language and social structures ... and partly in the psychological difficulties experienced by we males with autogynephilia, who feel strongly that we are women in the face of all the facts.

This ideology is far from universal among actual trans people. Some disagree with it and find it harmful. It is more like cult thinking that has crept up on people of vaguely left-wing views without them realising, like the proverbial frog in boiling water—perhaps filling the void left by the widespread abandonment of organised religion. It crept up on me too, culminating in 2018, before I was rudely awakened from it by the discovery that I was an autogynephile.

Unfortunately, most of the cultists do not know they are in a cult. They think that ‘science’ is on their side. Many therapists and clinicians—often women—are part of this cult, either because they genuinely believe in it or because it would be social death to become an apostate. If you pay attention to the word ‘transphobia’, you may notice that it is often directed at people who do not believe what the cultists believe. It is now more an

accusation of holding a heterodox opinion, rather than fear or hatred. Even trans people are accused of transphobia if they do not accept the ideology. It seems that often, ‘transphobe’ really means ‘heretic’.

Belief in gender identity ideology is mostly a phenomenon of the Left, particularly among more extreme progressives, such as the Greens (for whom I no longer vote due to their capture by the cult). One might think of it as the left-wing equivalent of climate change denial on the Right. A Labor government should be wary of such idealistic magical thinking and remain attuned to the reality of ordinary people’s lives—especially the working class, who have less truck with ivory-tower theories out of academia.

Sadly, if I were to act in the manner I described above, I do not think I would be abusing the intent of the bill at all. On the contrary, I suspect the ultimate intent of self-ID legislation around the world is to allow males like me to act in precisely that way. It is likely that some autogynephilic men like myself have cynically created, or at least co-opted, this ideology to pursue our erotic desires. Others are true believers—after all, we feel as if we are women on the inside and must defy reality to pursue our ‘true selves’. Still others are simply confused and misled by the wider social movement. In reality, though, we are heterosexual males with a sexual and mental disorder. Allowing the inmates to run the asylum is unlikely to turn out well.

## **Conclusion**

You do not have to accept that autogynephilia is a major driver of transsexualism to see the problems with the bill. Even if ‘real’ transwomen have nothing to do with peculiar men like me, our mere existence should give you pause for thought when considering the implications of this bill—because any one of us fetishists can identify as a woman and as legally female.

Trans issues are frequently discussed in non-sexual terms, as about ‘identity’. The onus is placed on everyone else to accommodate the person’s special identity. But a sexual motive cannot safely be allowed free reign in that way. In fact, it often needs to be treated in the opposite way. If a person’s motive for accessing a space or behaving in a certain way is sexual in nature, then I argue the onus is on that person to seek consent from others, rather than selfishly impose their desires. If this is impractical on an individual level (such as a public toilet where strangers are constantly coming and going), it should be pursued at the level of general public awareness.

Gay rights campaigners have been honest about homosexuality; they have simply argued it is harmless between consenting adults. So have BDSM advocates. Even paedophiles have followed this approach—though they have thankfully failed to convince society (since children cannot consent and therefore paedophilic sexual activity is harmful). All three activist groups were honest about the sexual nature of their desires. As a group, we autogynephiles have largely failed that honesty test. We have not fought the battle for acceptance as it should be fought, in the sunlit field of public debate. Instead we have tried to shut down debate and hush up the true nature of our feelings.

If autogynephilic trans activists had been truthful about their condition and their motives thirty years ago, in the same way that gay rights campaigners were, trans activism might

now be in a far more ethically robust position. Unfortunately, due to a noxious combination of shame, stigma, fear of being denied treatment, psychological strain caused by the very nature of AGP, and simple self-interest, the activists embarked on a sustained campaign of denial that has now created a very dangerous situation.

This bill is exactly what men like me want. Do not give it to us.