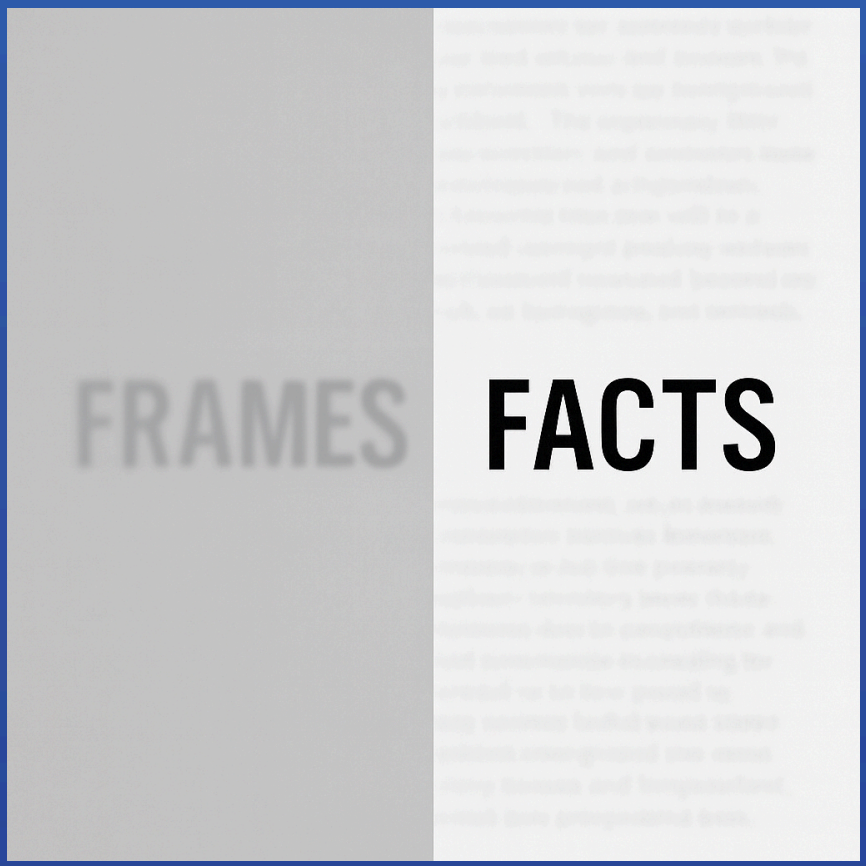
EVIDENCE-BASED ANALYSIS OF THE "ANTI-TRANSGENDER EXTREMISM" GUIDE (2024): BRIEFING FOR CLINICIANS & EDUCATORS

FACTS FOR CLINICIANS, EDUCATORS, POLICE & POLICY MAKERS



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INTRODUCTION

Evidence-Based Analysis of the “Anti-Transgender Extremism” Guide (2024): Briefing for Clinicians & Educators

This is an evidence-based analysis, not a position paper on gender identity or trans rights.

- *It assesses whether specific claims meet professional standards for risk assessment.*
- *It asserts professionals must distinguish between political disagreement and actual threats to safety.*
- *It acknowledges that trans people can face genuine discrimination and safety concerns. That some individuals can express views towards them that are genuinely harmful.*

Why this matters:

Distinguishing legitimate concern from actual extremism is why evidence-based assessment matters. Schools, health services, youth workers, and mental-health practitioners are increasingly encountering materials that label certain viewpoints as “extremist” or “violent.” It is critical that front-line professionals can distinguish **actual risks of harm** from **politicised framing**, in order to uphold duty of care, child safeguarding, and evidence-based practice.

The Gender Minorities Aotearoa booklet *Anti-Transgender Extremism* (2024) is one such document. It is funded under New Zealand’s Preventing and Countering Violent Extremism Fund and is already used to brief venues, service providers, councils, and community workers.

This briefing provides a professional, evidence-based analysis of its claims.

CONTENTS

1. Overview: What the Guide Claims

The guide asserts or implies that:

- “Gender critical" women’s groups form part of a global extremist movement that includes fascism and white supremacy.
- Advocacy for sex-based spaces, women’s rights, medical ethics, or child safeguarding is a form of “anti-trans extremism.”
- Raising ethical concerns about puberty blockers is equivalent to attempting to “eradicate” transgender people.
- Older women at public events frequently initiate physical attacks on trans people.
- “Gender critical events” use Neo-Nazi security personnel who employ violence, including sexual violence.
- Ordinary language used in health, law, and safeguarding (“protecting women,” “ethics,” “gender ideology,” “think of the children”) is “coded extremist language.”

The guide provides no clinical, legal, or empirical evidence from New Zealand or Australia to support these claims.

2. Conflating Policy Disagreement with Extremism

The guide defines anti-trans extremism so broadly that it collapses normative clinical and educational duties into extremist activity.

Examples:

A. Safeguarding framed as extremist
Any argument about protecting women, children, family values, or ethical concerns around medical care is described as a known “fascist strategy.”

B. Clinical ethics reframed as “gender morals”
Concerns about puberty blockers being experimental or risky are described as moral objections intended to prevent transgender children from existing.

C. Single-sex spaces equated with supremacism
Organisers are told to treat “cisgender supremacy” the same as “white supremacy.”

Professional impact:

This framing pressures clinicians and educators to view any discussion of biological sex, child development, or safeguarding as morally suspect or extremist. **For instance:**

“A teacher concerned about a female student's discomfort in shared changing facilities must now assess whether raising this constitutes 'cisgender supremacy'.”

"A counsellor exploring a teen's rapid social transition following peer group changes risks being viewed as conducting 'conversion practices.”

This is incompatible with professional accountability and evidence-based risk assessment.

3. Lack of Evidence for Claims of Violence or Extremism Among Sex-Based-RightsGroups

The guide includes multiple serious allegations without supporting evidence:

A. “Gender critical” women initiating physical or sexualised attacks

The guide states that elderly women commonly run at trans women, harass them, or deliberately provoke situations.
No incident data, police reports, or documented New Zealand cases are cited.

B. Neo-Nazi “security” at gender-critical events using violence and sexual violence

The guide claims this has been “well documented.”

It provides no documentation, no references, and no NZ/AU case studies. If such evidence exists, it should be immediately provided to police and publicly documented. The absence of any such documentation is significant.

C. Sex-based rights groups wanting to “eradicate transgender people”

This is attributed to the Lemkin Institute’s opinion, not empirical evidence.

Professional impact:

Unsubstantiated claims about violence or “genocidal intent” can distort risk assessments in schools, community health, youth services, and police liaison, potentially leading to:

- misinformed safeguarding decisions,
- misclassification of parents as extremist risks,
- chilling of legitimate professional consultation and debate,
- erosion of trust within multi-disciplinary teams.

4. Evidence for Violence against Sex-Based Rights Groups

Gender Minorities Aotearoa frequently asserts that “anti-trans” or “gender-critical” women represent a risk of violence. However, after reviewing police statements, court documents, and mainstream reporting across both New Zealand and Australia, we were unable to identify any verified cases where women advocating for sex-based rights perpetrated violence at public events.

In contrast, there is clear, documented evidence of violence *directed at* women attending lawful meetings to discuss their rights.

In Auckland (Albert Park, 25 March 2023), a grandmother in her seventies was punched repeatedly in the head by a male counter-protester during the Let Women Speak event. Police confirmed the assault charge, and the incident was later included in more than 160 complaints to the Independent Police Conduct Authority regarding failure to protect women at the event. The main speaker, Kellie-Jay Keen, was doused with liquid and had to be escorted by police to safety after reporting fear for her life.

A similar pattern is seen in Australia. At the Melbourne Let Women Speak rally (18 March 2023), multiple women were chased, spat on, pulled by the hair, and struck — with one woman knocked unconscious — as counter-protesters breached barriers. This was later raised formally in the Victorian Parliament. At a subsequent Melbourne rally (#WomenWillSpeak, March 2024), a small group of women was surrounded by a much larger counter-protest. Police deployed OC spray, mounted units, and riot lines after objects were thrown and clashes escalated.

Even events held in controlled environments have faced significant hostility. The Feminism 2020 event in Wellington (November 2019) attracted protests, police intervention, and subsequent legal disputes, despite occurring inside Parliament.
Across all cases reviewed, the pattern is consistent: women discussing their rights have been the targets of intimidation, obstruction, and, in multiple verified instances, physical assault — while no evidence supports claims of organised violence by women’s-rights groups.

This distinction matters for public understanding. New Zealanders deserve an honest, evidence-based picture of what is happening at public events, rather than a framing that misrepresents women as aggressors and obscures documented harms against them.

5. Relevance to Clinical Practice: Puberty Blockers and Ethical Concerns

The guide denounces any concerns about puberty blockers as extremist, despite:

Global medical consensus moving toward caution

NHS England:

- Puberty blockers not routinely recommended.
- Insufficient evidence for safety or clinical effectiveness; permitted only in research settings. (Clinical Policy, 2024)

NICE Review (UK):

- Very low-quality evidence.
- No demonstrated improvements in gender dysphoria, functioning, depression, or anxiety

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Sweden's National Board of Health and Welfare:

- Risks outweigh benefits for most minors.
- Hormonal interventions restricted to research or "exceptional cases."

Finland's Council for Choices in Health Care (COHERE):

- Psychotherapy first-line treatment; blockers and hormones used only in narrowly defined exceptional cases.

New Zealand's own updated position on puberty blockers (2024–25) mirrors the UK shift:

- Routine paediatric prescribing paused.
- Acknowledges insufficient evidence of benefits and known risks (e.g., bone density loss, fertility impacts, unknown neurodevelopmental effects).

Professional significance:

Ethical concerns about puberty blockers are:

- mainstream,
- evidence-based,
- endorsed by health authorities,
- central to clinical duty of care,
- and entirely distinct from "extremism."

Reasonable clinicians can interpret the same evidence differently, but characterising ethical concerns as "extremism" is incompatible with medical practice regardless of one's clinical position. The GMA guide's framing is inconsistent with contemporary medical standards.

6. Educational and Pastoral Care Context: Why Accurate Framing Matters

Teachers, counsellors, psychologists, and youth workers carry statutory responsibilities:

- **Identify real safeguarding risks**
- **Provide neutral, evidence-based support**
- **Avoid ideological bias**
- **Protect the rights of all students – including girls, LGB youth, gender-nonconforming youth, and trans-identified youth**

The conflation of legitimate concerns with extremism undermines:

- freedom to speak about developmental psychology,
- evidence-based mental-health care,
- safeguarding processes (e.g., risk assessments, parent engagement), obligations under school governance frameworks,
- accurate suicide-prevention messaging,
- staff ability to discuss sex-based bullying, sexual boundaries, or safety in sports.

Professionals cannot operate effectively under a regime where policy disagreement is equated with violent intent.

7. Recommended Professional Approach

A. Distinguish between ideas and actions

Violence, threats, intimidation, and harassment are extremism and must be addressed. Disagreement about policy, even strongly expressed disagreement, is **not.**

B. Evaluate evidence, not political alignment

When faced with claims of harm or extremism:

- request evidence,
- ask for incident data,
- seek primary clinical or legal sources,
- cross-check against recognised medical reviews.

C. Prioritise safeguarding and developmental science

Children's wellbeing must come before political messaging.

This includes:

- assessing comorbidities,
- supporting family relationships (a known protective factor),
- avoiding premature medicalisation,
- ensuring environments are physically and psychologically safe.

D. Respect the rights of all groups in school or clinic settings

This includes:

- trans-identified youth,
- gender-nonconforming youth,
- LGB youth,
- girls and young women,
- parents,
- staff with protected beliefs,
- detransitioners and transsexual adults.

Balanced rights management is standard educational and clinical practice.

E. Maintain open professional dialogue

Healthy professional environments allow respectful debate about:

- safeguarding,
- sports fairness,
- trauma,
- suicidal ideation,
- developmental psychology,
- informed consent,
- ethical use of medicine.

Suppressing these conversations harms children.

8. Final Note for Clinicians & Educators

The *Anti-transgender Extremism* guide frames disagreement as danger, and reinterpretation of safeguarding and ethics as violence.

For professionals responsible for youth safety, this framing is **not consistent** with:

- evidence-based healthcare,
- child-protection frameworks,
- developmental science,
- legal obligations,
- or the fundamental principles of educational integrity.

Clinicians and educators should approach this guide **critically and cautiously**, relying instead on primary evidence, established professional standards, and real-world child safety data.

FRAMING VS FACT What the “Anti-Transgender Extremism” Guide Gets Wrong

Evidence check of key claims made in Gender Minorities Aotearoa’s 2024 publication.

Frame 1: “Gender-critical groups are part of a genocidal extremist movement.”

(citing theLemkinInstitute; p.5–6)

Fact:

There is **no evidence**—in New Zealand, Australia, or internationally—that gender-critical groups advocate genocide, violence, or the elimination of transgender people.
Sex-based rights groups consistently advocate for:

- recognition of biological sex in law and policy,
- protection of single-sex spaces,
- evidence-based healthcare for youth.

None of these positions meet any legal or scholarly definition of “genocide,” nor do they advocate harm.

Frame 2: “Gender-critical women’s groups sit alongside white supremacists and fascists.”

(p.7–8)

Fact:

This is a **guilt-by-association framing**.
The document provides **no examples** of New Zealand or Australian women’s groups collaborating with, endorsing, or expressing ideological alignment with white supremacist or fascist groups.
Meanwhile, women’s events in both countries have been the **targets** of violent disruption—not perpetrators of it.

Frame 3: “Sex-based-rights advocacy is a fascist tactic to ‘protect’ women or children.”

(p.17)

Fact:

The desire to safeguard women’s spaces and ensure child protection is a mainstream human-rights concern, recognised in:

- **CEDAW**,
- **UN Women guidance**,
- **Sport governing bodies**,
- **Family violence frameworks**,
- **Child protection standards**.

Calling safeguarding “fascist” is an ideological smear, not an evidence-based claim.

Frame 4: “Elderly cisgender women commonly physically attack trans people.”

(p.26–27)

Fact:

There is **no evidence** that this is a “common tactic” of gender-critical activists.

The document provides:

- no examples,
- no police reports,
- no convictions,
- no incident logs,
- no New Zealand case studies.

In contrast, widely documented cases in NZ and Australia show **women speaking about their rights being assaulted, threatened, or requiring police protection**.

The available evidence contradicts this claim.

Frame 5: “Gender-critical events use Neo-Nazi ‘security services’ engaging in sexual violence.”

(p.25–26)

Fact:

This is one of the most serious claims made—and the document offers **zero documentation**:

- no photos,
- no reports,
- no evidence from NZ or AU,
- no police statements.

It is a severe accusation without substantiation.

Frame 6: “Common language used by parents and women (e.g., ‘protecting women’, ‘gender ideology’, ‘think of the children’) is extremist ‘coded language’.”

(p.16)

Fact:

These are **ordinary political and safeguarding terms** used in:

- feminist literature,
- ethics and law,
- child-protection policy,
- medical ethics debates,
- UN and WHO discussions.

Reframing basic civic language as “dog-whistles” serves to delegitimise dissent—not to explain extremism.

Frame 7: “Opposing puberty blockers for minors is based on ‘moral panic’ and an attempt to eradicate trans children.”

(p.17)

Fact:

Major international health bodies—including Sweden, Finland, England, Norway, and now **New Zealand’s own updated guidelines**—recognise:

- lack of evidence for benefit,
- known medical risks,
- the need to restrict blockers to controlled research settings.

Concerns are **medical and ethical**, not “moral.”

Frame 8: “Gender-critical research, policy writing, or academic analysis is a form of extremist activity.”

(p.12)

Fact:

Academic critique is legitimate and essential in democracy.
The Cass Review, NICE evidence reviews, Swedish health inquiries, and systematic reviews are **not extremist actions**.

Scientific disagreement ≠ hate.

Conclusion

The *Anti-Transgender Extremism* guide repeatedly:

- labels women and parents as “extremists,”
- equates dissent with fascism or genocide,
- provides no concrete evidence for its claims,
- and uses rhetorical techniques designed to shut down debate.

This is **political framing**, not evidence-based analysis.
Clear, factual scrutiny is essential to maintain trust in public discourse and protect all communities—including trans, women, and children—from disinformation.

APPENDIX:

Table: Documented Incidents of Violence or Police Protection Needs at Women's Rights Events

Location & Event	Date	Incident Summary	Sources (mainstream + official)
Albert Park, Auckland – "Let Women Speak" (Kellie-Jay Keen)	**25 March 2023**	– Women attending were physically assaulted.– 70-year-old woman punched repeatedly in the head by male counter-protester (man later charged).– Keen doused with tomato juice and forced to flee under police escort to station.– 160+ complaints to IPCA alleging failure to protect women.– Police confirmed assault charges.	RNZ; NZ Herald; IPCA announcement; police charge reports; legal case summaries.
Wellington – "Feminism 2020" (Speak Up For Women)	**15 Nov 2019**	– Event cancelled by Massey due to "safety concerns," moved to Parliament.– Protest presence triggered heavy police monitoring.– RNZ programme reports subsequent **police report and legal dispute** arising from protests.	RNZ (*Bad News – TERFs* episode).
Melbourne – "Let Women Speak" (Parliament House)	**18 March 2023**	– Violent clashes as counter-protesters attempted to break police lines.– Women chased, spit on, hair pulled, dragged; projectiles thrown.– Older woman knocked unconscious (raised in Victorian Parliament).– Neo-Nazi derailment incident required major police presence.	Women's Forum Australia evidence summary; Victorian Hansard; ABC & Guardian reporting.
Melbourne – "#WomenWillSpeak" Rally (Parliament House)	**22–23 March 2024**	– Small group of women outnumbered by ~150 counter-protesters.– Eggs and water balloons thrown at women.– Police deployed OC spray, riot lines, mounted units.– Two arrests; multiple physical clashes.	ABC News; The Guardian; Victoria Police operational statements.
Hobart – "Let Women Speak" Tasmania	**21 March 2023**	– Women's-rights attendees reported violence and intimidation by counter-protesters.– Group publicly criticised police for failing to prevent assaults.	Women Speak Tasmania statements; local press coverage.

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