Submission to the NSW Government Consultation

Banning LGBTQ+ Conversion Practices

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The Coalition of Activist Lesbians (CoAL) is a national organisation advocating for lesbian rights. We were the first lesbian-specific organisation to gain NGO accreditation both with the Economic and Social Council (ECOSOC) and with the Division for the Advancement of Women. We represented Australian lesbians at the 1995 UN 4th World Conference on Women in Beijing. CoAL operates within a human rights-based, women-centric, socio-ecological framework to protect lesbian human rights, and to support all Australian lesbians to participate equally in society in activities for positive social change.

We respectfully ask that this submission be considered with others from stakeholders that were directly approached. The lack of public consultation concerns us because it excluded many organisations with a key interest in this Consultation, whose different perspective could enrich your understanding. Our submission aims to fill in some of those gaps.

In particular, we emphasise that the LGBTQ)+ lobby groups do **not** represent many of our concerns, and our submission will demonstrate how they often work against lesbian human rights.

Specific responses to questions raised in the consultation paper

1. Legislative Definition of 'Conversion Practices'

Q 1 Do you agree with the proposed definition of conversion practices?

Q 2. If no, what amendments or adjustments to the definition would you make?

CoAL does not agree.

CoAL **does** support a ban on practices that specifically aims to convert gay, lesbian and bisexual people away from their sexual orientation and that cause physical or psychological harm. We point out that gay conversion practices have long been discredited, with little to no evidence they are still being practised in NSW, but that should not prevent effective legislation.

CoAL does **not** support a ban on gender identity conversion and recommends that gender identity be removed from the proposed legislation for reasons given below.

Our primary concern is that the proposed legislation conflates sexual orientation and gender identity, which are entirely different concepts. It follows the LGBTQ+ strategy, which confuses people into thinking that the sorry history of conversion practices--carried out through medical and religious persecution of lesbians (and gay men) for our sexuality—are similar to current psychotherapeutic approaches to treat 'gender dysphoria' in gender non-conforming people who are mentally and emotionally confused and distressed about claims they are 'born in the wrong body' (a socially driven delusion that is completely unproven).

This confusion is promoted by claims that their sex is the same as their ‘gender identity’, which is a mutable attribute based on heterosexist stereotypes.

The US Diagnostic and Statistical Manual’s 5th edition (DSM-V) reinforces confusion in health professionals as it has become the accepted diagnostic tool used by ‘gender clinics’ for treating ‘gender dysphoria’, including those in Australia. It uses sexist criteria that are now in disrepute following the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which identified those criteria as contributing significantly to the subordination of women (CEDAW, 1979, Articles 5 and 10).

Other Australian states, already misguided by the loud voices of LGBTQ+ pressure groups, have passed legislation that has effectively mandated ‘gender affirming’ medical interventions. We ask that NSW considers the many other ‘silent’ and not-so silent voices of lesbians, parents, scientific and medical experts, who question ‘gender identity’ and ‘gender medicine’ claims, and whose web sites are shown at the end of our submission.

Q3. Do you agree with the proposed exceptions to the definition of conversion practices? If no, please explain why.

CoAL does not agree with the first two proposed exceptions to the definition as they relate to practices that affirm a person’s gender identity. Gender identity affirmation is a form of ‘conversion therapy’ to produce facsimiles of heterosexual people. It has long-term harmful psychological, emotional, and physical effects, compounding their identity confusion and setting them on a life-long iatrogenic medicalised pathway. ‘Gender-affirming’ practice (eg, prescribing or encouraging the use of puberty blockers, breast binders, penis and testicle tuckers, cross-sex hormones, mastectomies, hysterectomies and various other ‘sex change’ surgeries, should be banned for children and other vulnerable people, including those

who have unresolved mental health issues).

Studies have shown that 80 to 90 percent of children claiming a transgender identity will eventually accept themselves as their own sex. Many will be lesbian. By rushing to an affirmation-first approach, this legislation will have the effect of ‘transing away the gay’: in other words, will enforce a form of gay conversion therapy on gender-confused children. It is a retrogressive step and runs directly counter to the stated intent of the proposed legislation.

Q4. Are there practices not covered by these exceptions that should be? If so, please provide some examples.

All treatment of gender-confusion and distress in children and young people should follow biopsychosocial health care principles that seeks to understand the causes and what should be appropriate care/practices directed at them.

Evidence is accruing that a large number of young people, particularly young girls, presenting with gender confusion often have at least one other comorbidity (eg, autism, eating disorders, or even trauma associated with experience of sexual violence). These conditions need to be examined and addressed before committing them to lifelong medicalisation via ‘gender-affirming’ care.

CoAL calls for exceptions people acting on beliefs based on science and rationality, to allow ordinary people to exercise freedom of speech and speak out to warn those contemplating

harmful ‘sex-change’ interventions. Otherwise this legislation would place them at risk of legal action against them.

Should the government pass this legislation they will be complicit in immeasurable

harm to a generation of young and vulnerable people, many of whom are lesbian or gay, autistic, suffering from histories of trauma or have other unresolved mental

health issues

__2. Criminal__ Law Responses

Q8. Do you agree with the proposed conduct element for the offence which requires that a reasonable person would consider the conduct is likely to cause harm?

Q9. If no, what amendments should be made to the conduct element instead or in addition to what is proposed?

Q10. Do you support the extraterritorial application of the offence?

CoAL does **not** support 'gender affirming care' and therefore does not support that the 'offence requires an intention to change or suppress the … gender identity of the person the practices are directed against.' The largest longitudinal study conducted to date (1972-2017), at the world's first 'gender clinic' in Amsterdam, found that those using the clinic had **a higher suicide risk** than the general population **throughout their 'transition.'** The report recommended that future research carefully consider the **role of comorbidities** in heightening suicide risk. A growing number of detransitioners are also testifying about the devasting impact of being rushed into transition at a young age

Q14. Should taking or arranging to take a person from NSW for the purposes of conversion practices be a criminal offence?

Q15. Should engaging a person outside of NSW to provide or deliver conversion practices on a person in NSW be a criminal offence?

CoAL;s recommendations are in the negative for both questions. The state must not impose its authority over that of the duty of care of parents for their children except in cases of serious and widely accepted understandings of criminal dereliction of their duty by parents. Criminalising parents for seeking the best support and care for their child, wherever that care may be located, should never be considered

2. ***Civil Law Responses***

Questions 16-22

As for our above response regarding criminal law, sexual orientation and gender identity need to be separated under the law and not treated as comparable. Seeking alternative and appropriate support for gender-confused children beyond the affirmation-only model should not be a civil offence and should not attract any form of sanction from the state.

Regulation of Health Practitioners and Health Service Providers

Q23. Does the existing professional regulation framework provide sufficient coverage for conversion practices performed by health professionals? If no, what amendments are required?

CoAL submits that protections need to be clearly in place to protect health professionals who offer alternative forms of health care and support beyond the affirmation model for gender confusion. We want to overcome existing barriers to professionals' ability to provide appropriate care and certainly not impose more through this legislation.

Supporting Non-Legislative Actions

24. Do you support a delayed commencement period?

25. What implementation actions should be prioritised during this period to support the commencement of legislation?

CoAL does not support the commencement of this proposed legislation as tabled. The Bill needs substantial re-drafting to clearly address conversion practices aimed at lesbian, gay and bisexual people and draw a clear distinction between sexual orientation and 'gender identity'.

We call on the NSW Government to **conduct a full review of the current treatment and education practices regarding gender-confusion in NSW,** to consider the following:

- recent developments in the UK, Sweden, Denmark and Finland where the affirmation-only model of care for gender-confused children is no longer the default. he evidence base (or lack thereof) for the use of puberty blockers;
- the use of the affirmation model as the preferred care model when evidence suggests gender-confused children present with a variety of co-morbidities;
- the teaching of 'gender identity' in NSW schools and its impact on the rapid increase in the number of teenagers and young children claiming a transgender identity.

Gaps and Omissions that are of Concern

The consultation document is one-sided and lacks discussion of and glosses over the real and profoundly negative impacts of so-called gender affirmation medicine, particularly on children and young lesbians.

Puberty blockers

There has been very little research to support the widespread use of puberty blockers in gender confused young people. Studies have associated the use of these drugs with reduction in bone density as well as decrease in white matter integrity in the brain. These effects are exacerbated when used on pre-pubescent children.

- In July 2022 the US Federal Drug Administration issued a new warning on GnRH agonists which may cause *pseudotumor cerebri* (idiopathic intracranial hypertension), resulting in loss of vision.
- The Cass Review in the United Kingdom found there were gaps in the evidence on the use of puberty blockers and limited research on the sexual, cognitive and developmental outcomes on children.
- In 2020 the National Institute for Care and Health Excellence (NICE) in the UK reviewed the available evidence for puberty blockers and ranked the standard of evidence as 'very low' in every category.

Cross-sex hormones

Once begun, the use of puberty blockers invariably leads to cross-sex hormones which have long-term health impacts. Puberty blockers combined with cross-sex hormones results in a variety of later complications, such as permanent facial hair, deepening of voice and vaginal atrophy for girls and women, unusual and early stage osteoporosis for boys and men, and permanent sterility for both sexes

'Gender-affirming' surgery

Language analysis uncovers the pressure on lesbians and other young people to submit to harmful ‘gender medicine’ practices. For example. ‘top surgery’ for a trans-identifying female means a double mastectomy, which carries the same risks as any other major surgery and robs her of ever being able to breastfeed. ‘Bottom surgery’ for a trans-identifying male means the loss of a reproductive future by the removal of the penis and testicles and the creation of a fake vagina, which will need to be dilated daily for the rest of his life. It is castration under another name. ‘Bottom surgery’ for a trans-identifying female means the disfiguring removal of skin and fat from her forearm to create a fake penis, which does not resemble a real penis and needs to be ‘inflated’.

There is strong evidence that ‘socially transitioning’ children and adolescents almost always results in some form of medical or surgical intervention. This is carried out despite their brain development being far from complete. Children and teenagers do not have the ability to understand the possible life-long implications of their desire to ‘transition.’ They should not be rushed into possibly disastrous courses of action.

Detransitioners

Increasing numbers of young people are publicly recanting their gender identity at great personal cost. Detransitioners and desisters have testified to the harm of puberty blockers, cross-sex hormones and surgery. Detransitioners are increasingly initiating legal action against their ‘gender-care’ providers on the basis that they were not able to fully consent and were not warned of the reality of their treatment (eg, Keira Bell in the UK).

Signed

Virginia Mansell Lees

Convenor

CoAL (Coalition of Activist Lesbians Inc Australia)

Sources and other reading

Australia

Courtney Coulson, *Home Page,* https://www.youtube.com/c/CourtneyCoulson.
Elkadi, J et al, Developmental Pathway Choices of Young People Presenting to a Gender Service with Gender Distress: A Prospective Follow-Up Study,' *MDPI*, Vol. 10, Issue 2, 10.3390/children10020314, https://www.mdpi.com/2227-9067/10/2/314.
Gill, Karen 2023, 'Are Puberty Blockers Reversible? What You Should Know Before Treatment.' *Healthline,* 25 April, https://www.healthline.com/health/are-puberty-blockers-reversible.
Kenny, Dianna 2023, 'Professor Dianna T. Kenny, Psychologist, Psychotherapist, Mediator, & Family Dispute Resolution Practitioner,' https://diannakenny.com.au/blog/
Koslowska, K et al 2021, 'Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service,' *Human Systems*, Vol. 1, Issue 1, 70-95, https://journals.sagepub.com/doi/10.1177/26344041211010777.

AF4WR Australian Feminists for Women's Rights, https://af4wr.org/
CoAL Coalition of Activist Lesbians Inc. https://coal.org.au.
Feminist Legal Clinic, https://feministlegal.org/.
LGB Alliance Australia, https://www.lgballiance.org.au/.
Women's Guild NSW, https://www.facebook.com/profile.php?id=100064440921930.
Women's Rights Network Australia, https://twitter.com/WRNAustralia?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor.

Elsewhere

Bell, Keira 2021, 'Keira Bell, my story,' *Persuasion,* 7 April, https://www.persuasion.community/p/keira-bell-my-story.
Cass Review: Independent review of gender identity services for children and young people, https://cass.independent-review.uk/.
Cole, Chloe n.d., ''My Childhood Was RUINED:' Detransitioner Chloe Cole Talks About Trans Procedures,' *The Daily Signal,* https://www.youtube.com/watch?v=DSGgR3W_jj.
Dyer, C 2021, 'Puberty blockers do not alleviate negative thoughts in children with gender dysphoria, finds study,' *BMJ,* 72:n356, 8 February. http://dx.doi.org/10.1136/bmj.n356.
Littman, Lisa 2018,'Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria,' August 16, https://doi.org/10.1371/journal.pone.020233.
Meredith, Sheena 2022, '1000 Families to Sue Tavistock Gender Service,' *Medscape News,* 11 August, https://www.medscape.co.uk/viewarticle/1000-families-sue-tavistock-gender-service-2022a10021ac.
Orange, Richard 'Teenage transgender row splits Sweden as dysphoria diagnoses soar by 1,500%,' *The Guardian*, 23 February, https://www.theguardian.com/society/2020/feb/22/ssweden-teenage-transgender-row-dysphoria-diagnoses-soar.
Robinson, Natasha 2022, 'Calls to review transgender treatment for kids after British Tavistock Clinic is closed,' *The Australian,* 29 July, https://www.theaustralian.com.au/science/calls-to-review-transgender-treatment-for-kids-after-british-tavistock-clinic-is-closed/news-

Schwartz, David 2021, 'Clinical and Ethical Considerations in the Treatment of Gender Dysphoric Children and Adolescents: When Doing Less Is Helping More,' *Journal of Infant, Child, and Adolescent Psychotherapy*, Vol. 20, Issue 4, 439–449, https://www.tandfonline.com/doi/full/10.1080/15289168.2021.1997344 .

'Sweden puts brakes on treatments for trans minors' 2023, *Fance 24 News,* 8 February,' https://www.france24.com/en/live-news/20230208-sweden-puts-brakes-on-treatments-for-trans-minors,