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**Sun 26/11/2023 11:28 PM**

**TO:**The Hon Susan Carter MLC

Dear Mrs Carter

Thank you for including Viviane Morrigan from COAL in a meeting to be held on Tuesday 28 November at 3 pm in your parliamentary office.

This is to outline COAL's concerns, on behalf of lesbians in NSW (as for throughout Australia), regarding some of the proposed bill prohibiting LGBTQI+ conversion practices. Unless the gender components of this bill are removed, its support of the gender industry would have harmful repercussions, not only on young people (including lesbians) who might use gender clinic services, but also indirectly on women's sex-based rights through increased acceptance in Australian law and policy of the false idea that gender is the same as sex.

CoAL is a United Nations accredited non-government organisation that advocates for the rights of lesbians in Australia. **We fully support a ban on \*gay\* conversion practices, as a sex-based right for lesbians (and gay men) to express their sexual orientation.** Many still bear the scars of past medical conversion scandals; do you want to be identified with a scandal of even greater proportions?

We urge NSW Parliament not to make the fatal mistake of including 'gender' and 'gender’ conversion in legislation that will come back to haunt them.

Gender is \***not\*** the same as sex or sexual orientation. This confusion has led to the 'affirmation model' in Australian gender clinics becoming, itself, an irreversibly harmful **gay conversion practice**. Children, who might otherwise develop into happy and healthy adults enjoying fulfilling relationships, many of whom would otherwise be lesbian or gay, instead are becoming trapped in a poor imitation of heterosexual relations with poor health outcomes.

Conflation of sex with gender leads to the same laws that ban 'conversion' of 'transgender identity' making it **legal** to use experimental medical and psychological practices on children who mistakenly believe they were 'born in the wrong body;' biopsychosocial in-depth psychotherapy, usually recommended for trauma, etc would be **banned**. In other words, a ban on gender identity conversion would lead to a process of '[medicalised dehumanisation'](https://open.substack.com/pub/thedistance/p/psychosurgery-a-predecessor-to-gender?r=a7k9a&utm_campaign=post&utm_medium=email) to convert healthy sexed bodies into 'trans' bodies.

'Gender conversion' is a trojan horse label applied by TQ+ pressure groups to good biopsychosocial counselling, in order to prevent it being provided to confused or questioning young people or children while they (and their parents) wait to see if they will lose their disphoria as they mature. The label also could be used by those political groups against anyone who questions a person's 'gender identity', leading to expensive litigation against those who transgress gender dogma.

We point out that many health professionals and governments have been asking questions, admitting their errors and realigning their laws and policies. [Robert Wintemute](https://sex-matters.org/posts/updates/yogyakarta-principles), Professor of Human Rights Law at Kings College London, an expert on anti-discrimination law and sexual orientation law and one of the co-authors of the influential "Yogyakarta Principles," has stated the 'international human rights community got it wrong in merging lesbian and gay rights with the idea of a right to have a "gender identity" replacing sex-based rights. The authors had failed to consider women's rights, and that fully intact males would seek to access female-only spaces and now causing significant problems for women, including lesbians, and our rights.

[Dutch experts](https://cne.news/article/3800-dutch-debate-about-broadcast-shows-sensitivity-of-the-trans-issue) have recently criticised the Dutch protocol of "gender affirming care" as unsound. And the head of [WPATH](https://ctsi.duke.edu/events/trans-gender-diverse-policies-care-practices-and-wellbeing) (World Professional Association for Transgender Health) has even admitted that early intervention with puberty blockers leads to permanent sexual dysfunction. Furthermore, the UK NHS has recently [stopped the routine offer of puberty-blocking drugs](https://apnews.com/article/uk-transgender-puberty-blockers-abd9145484006fea23de6b4656c937da) to children at gender identity clinics because of the lack of evidence about their benefits and harms. Clinicians in Denmark, Finland and Sweden have significantly [restricted access to puberty blockers, hormones and surgery,](https://segm.org/Denmark-sharply-restricts-youth-gender-transitions)while promoting therapeutic counselling and emotional support.

In Australia, gender medicine's methods and poor evidence base are being questioned by experts (eg, in [NSW](https://diannakenny.com.au/blog), [Western Australia](https://twitter.com/SFWAustralia_WA/status/1612660561673875457/photo/1) and [Queensland](https://www.hrla.org.au/queensland_child_psychiatrist_challenging_gender_ideology), and by the [National Association of Practising Psychiatrists](https://napp.org.au/2019/10/gender-dysphoria-national-enquiry)). The [Royal Australian and New Zealand College of Psychiatrists](https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/recognising-and-addressing-the-mental-health-needs-of-people-experiencing-gender-dysphoria) (RANZCP) stands out for its recommendation that assessment and treatment of gender dysphoria be based on the best available evidence and fully explore the person's gender identity and the biopsychosocial context (italics added) from which this has emerged. While their position statement is currently [under review](https://www.ranzcp.org/news-analysis/review-of-ranzcp-position-statement-on-gender-dysphoria#:~:text=The%20RANZCP%20remains%20committed%20to,by%20the%20end%20of%202023.), psychiatry's cautious response to the gender controversy can be best understood in terms of its [stigmatised history in the medicalisation of same-sex attraction](https://www.sciencedirect.com/science/article/pii/S0165178122005145). We point out that genetic counselling health professionals, stigmatised by their historical role in eugenics, adopted a [non-directive model](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9726954) for their practice, a model that belies (unintended) outcomes. The affirmative model used in the gender clinic is not appropriate either because it, also, neglects the harmful impact on the individuals 'making their choices' as well as the societal norms, corporate and professional interests, and government policies that shape those individual choices.

Scientific evidence must be placed before political expediency and cultish dogma. The [Dutch Protocol of affirmation](https://d.docs.live.net/f1ee27e7bad87caf/Docs/1%20Documents/Sexual%20politics/Lesbians/CoAL/NSW%20Equality%20%5E0%20Conversion%20Practices%20Prohibition%20Bill/CoAL/ParliamentaryPitchesFmCoAL/o) is being exposed as poor science. Parents who may be your constituents are most alarmed at harm to their children by [gender medicine](https://www.genderclinicnews.com/p/stop-the-scandal?utm_source=substack&publication_id=627677&post_id=138906877&utm_medium=email&utm_content=share&utm_campaign=email-share&triggerShare=true&isFreemail=true&r=a7k9a), by [legal 'solutions'](https://www.familylawincanberra.com.au/custody-of-transgender-child-lost-by-non-accepting-parents) and by [teaching of gender ideology](https://www.dailymail.co.uk/news/article-11035059/Cops-called-Sydney-parents-anger-centre-teaching-sexual-identity-transgenderism.html) in schools. De-transitioners in [Australia](https://www.lgballiance.org.au/news/detransaustralia) and internationally (eg, [Bell 2021](https://www.persuasion.community/p/keira-bell-my-story), [Cole 2023](https://www.youtube.com/watch?v=6O3MzPeomqs), tell of being rapidly processed onto a medicalised path of prescribed puberty blockers and/or cross-sex hormones despite little evidence of research on harms and benefits. They are beginning to [litigate](https://www.dailymail.co.uk/news/article-12654975/amp/Detransitioner-multiple-personality-gender-reassignment.html?fbclid=IwAR1YzlJKyHNQct_n307TZwS1NdcaQpkAMgVBZbfmmwmySmZ3H-uBlWBOQyc) and family law barrister Belle Lane has warned the Australian judiciary on the risks of the "gender-affirming" treatment approach (Lane [2023a,](https://www1.racgp.org.au/newsgp/professional/insurance-cut-for-gender-affirming-care-sends-such) [2023b](https://www.genderclinicnews.com/p/court-out?r=130uly&utm_campaign=post&utm_medium=web)), while [medical insurers in Australia](https://www.genderclinicnews.com/p/exposed) are withdrawing protection to frontier gender medicine.

Children accessing gender medicine are being denied the right to good health care. Enormous i[ncreases in numbers of troubled children and young people](https://segm.org/Denmark-sharply-restricts-youth-gender-transitions)—many of whom are lesbian and gay—are presenting at gender clinics in Australia and elsewhere, only to be over-diagnosed, over-treated or subjected to iatrogenic harm. A large number also have other underlying, and often disregarded, problems, such as autism, eating disorders, a history of trauma, or mental health issues. Distressingly, questioning [researchers](https://www.theaustralian.com.au/subscribe/news/1/?sourceCode=TAWEB_WRE170_a_GGL&dest=https%3A%2F%2Fwww.theaustraliancom.au%2Fscience%2Fdoctor-scrutiny-on-gender-clinic-reveals-legal-and-safety-fears%2Fnews-story%2F8af81768fde27884caf18fff345ab78a&memtype=anonymous&mode=premium&v21=GROUPA-Segment-1-NOSCORE&V21spcbehaviour=append) have found that such issues for the children and young people presenting at Westmead Children's Hospital with gender dysphoria were being ignored. This is a denial of the rights of those children and young people to good health care using NSW health services.

Make NSW the first place in Australia to put a pause to harmful gender medicine. We understand that the NSW Minister for Health announced in July an inquiry into gender services for this state but is finding an inquiry into gender medicine politically difficult. We call for a transparent and unbiased inquiry be held as soon as possible, to address the many questions being raised and/or suppressed. Most recently, another political outsider has asked for an inquiry, this time in the [South Australia](https://vimeo.com/884980809?utm_source=substack&utm_medium=email)n parliament. Do not be tempted to dismiss all this questioning; there are genuine concerns about safeguarding the health of vulnerable children and young people confused by gender ideology; and the undermining of women's rights by encouraging the idea that the category of 'sex' can be replaced by that of 'gender'. This is a controversy that must not be avoided any further by institutional capture, which has led to the adoption of gender ideology within Australian policy and law biased towards QT+ pressure groups' rhetoric and myths ([AF4WR 2023](https://d.docs.live.net/f1ee27e7bad87caf/Docs/1%20Documents/Sexual%20politics/Lesbians/CoAL/NSW%20Equality%20%5E0%20Conversion%20Practices%20Prohibition%20Bill/CoAL/ParliamentaryPitchesFmCoAL/231031%20CoAL%20to%20McDermott%20re%20conversion.docx)). Help make just laws using reasoned argument and material evidence to refuse gender legislation that harms women and girls, including lesbians.

CoAL urges the NSW Parliament to listen to those of us outside the TQ+ party line--the 'silenced majority,' largely silenced by the political and economic power of gender ideologues, such as [ACON](https://aconexposed.org/wp/site-map), and resulting neglect by [media schooled by TQ interest groups.](https://unherd.com/2023/06/i-was-sacked-for-writing-about-gender) LGBTQ+ umbrella groups do not speak for most of us. Lesbians and gays are a heterogeneous mix of different cultures with different and, sometimes, conflicting life experiences and therefore unmet rights and needs. We emphasise that our aim is not to harm those who identify as transgender; rather, it is one of legislation that truly aims at  harm reduction and prevention, and we do not accept that speaking about biological facts is harmful.

The right legislative action is crucial to protecting the rights of NSW citizens.

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