

LGB Alliance Australia Media Release

Re: Change or Suppression (Conversion) Practices Prohibition Bill 2020

LGB Alliance Australia is a community action group that campaigns for equality for people with same-sex sexual orientation. Among our ranks are doctors, academics, mental health professionals, and lawyers with expertise in safeguarding.

We formed as an organisation because we believe hard-won victories for equality are under threat for lesbians, gay men, bisexuals, and women overall. We believe that biological sex is observed in the womb and/or at birth and not assigned. In our view, current gender ideologies are pseudo-scientific and present a threat to people whose sexual orientation is towards the same sex (homosexuals), or towards both sexes (bisexuals). Besides, we believe that these ideologies are confusing and dangerous to children and youth and can have harmful life-long consequences.

We have ten major concerns with the “**Change or Suppression (Conversion) Practices Prohibition Bill 2020**” which is expected to be made law early in February 2021. Overall, we don’t believe any legislation should be passed into law that mandates the very conversion practices it states it will prohibit/suppress and outlaw. It concerns us that there was an anti-democratic, non-representational approach in creating this legislation, it did not come out of consultancy with the Victorian people, the process of introducing this Bill shows evidence of deception and obscurification, by the government. And if allowed to pass, it will do the safety and lives of children and youth huge irreparable harm, that plus the erosion of sex-based protections of women and homosexuals, this provides compelling arguments for your government to urgently change course in relation to passing a law that is a disservice to the Victorian people.

One - An unasked for, unnecessary, deceptive¹ Bill.

The initial enquiry of the Bill was created by the Minister of Health and was not driven by complaints as has been suggested in the Bill's readings in parliament. In 2018 the Victorian Minister for Health [formally instructed to the HCC to inquire into conversion therapy](#), “despite the fact that since the Health Complaints Commission was set up in February 2017 no one had come forward with a formal complaint about any incidents of harm from counselling out of same-sex attraction or gender dysphoria.” The HCC produced no public report, only a two-page executive summary in November 2018 that was critical of conversion therapy and advocated legislative change.

We are told that the minister formed the view that urgent legislative change was required based on that HCC report, received in October 2018, and a second ‘report’ received in November 2018, [Preventing Harm, Promoting Justice: Responding to LGBT conversion therapy in Australia](#), co-produced by the then Latrobe Gay and Lesbian Health and the Human Rights Law Centre. This report declares itself to be [funded](#) by Latrobe University. However, the Latrobe Gay and Lesbian Health (GLHV) was a unit in the [Australian Research Centre in Sex, Health and Society](#) (ARCSHS) at Latrobe. The 2018 [annual report](#) for ARCSHS declares ‘Formerly known as GLHV@ARCSHS, the newly renamed Rainbow Health Victoria is funded by the Victorian Government. This is disingenuous, a report funded by the Victorian government itself now has become a key reason for the government to act, and act ‘urgently’. All interested stakeholders impacted by this legislation such as women’s groups, parent groups, mental and physical health professionals or homosexual and bisexual people who reject gender identity ideologies, this bill ascribes to were excluded.

¹ [In Victoria, Government by Deceit and Deception](#)

Two - Victoria's mandatory affirmation practice is a conversion practice.

LGB Alliance Australia does agree that objectively harmful coercive practices designed to change a person's sexual orientation should be banned. Though homophobic attitudes linger, however, these medical/psychological conversion practices are rare, if not non-existent in Australia, today.

The HRLC report describes these practices as 'sleep deprivation, use of restraints, electrodes and ice baths and admissions to mental institutions, which are, as the HRLC report says (page 63), "... a clear breach of modern healthcare laws and regulations, and are out of step with current clinical understandings and practice." These constitute assault and battery and false imprisonment which are criminal offences. Note, those who were subject to these practices were homosexual people constrained to reject their same-sex orientation. There is no evidence of these conversion practices referencing transgender experience.

There is no evidence of any of the above practices in Victoria aimed at changing or suppressing a person's gender identity occurring today.

The concept of gender identity/gender identity ideology is included in this Bill. Gender identity ideology posits that each person has an internal sense of being male/female/non-binary (regardless of their sex) and they refer to this as a person's "*gender*". Gender identity or ideology is by its proponents conflated with biological sex, (and this is apparent in this Bill). They are two separate things. Sex is as observed at birth or in utero and then is recorded in the birth register. A woman is an adult human female, with a female body and any unique personality. Gender ideology defines a woman as a 'feminine personality' in any body, male or female. Likewise, a man is an adult human male with a male body and any unique personality, we do not agree that a man is a 'masculine personality' in any body, male or female. Therefore, suppression of a person's gender identity is an issue of how best to help people who believe they have a mismatch of their body to their internal sense of being male or female, commonly this is known as 'gender dysphoria'.

With Section 5(2) of the Bill, this issue of individuals presenting with gender dysphoria is to be resolved with a mandatory affirmation model of treatment. It was brought to the attention of the Victorian government in November 2019 from 'Feedback on the proposal for legislation to ban LGBT 'conversion practices' by [The Australian Family Association \(AFA\)](#) that mandatory affirmation model of treatment of puberty blockers, cross-sex hormones and surgery on healthy bodies was, in fact, a conversion practice for the majority of children/young people presented with 'gender dysphoria'. The AFA was ignored.

How this type of conversion practice works, is that the terms 'conversion' or 'suppression' in the Bill are framed as practices such as *talk therapy* or *watchful waiting*. These standard mental health practices aim to help an individual become comfortable in their own body or address other factors such as mental health concerns, past traumas, internalised/externalised homophobia. Calling these practices "conversion therapy" reflects gender identity ideology as they do not follow the one-size-fits-all affirmation approach to gender dysphoria, even though the latter is not best practice.

In promoting mandatory 'affirmation' practices, gender identity campaigners would have an individual reject the body they were born in and place them on a conveyor belt of puberty blockers, cross-sex hormones, multiple² surgeries, and a lifetime of medical dependency. These have dire consequences, such as sterility and loss of sexual function. There is a whole industry that has developed around this conversion of children and it is being encouraged through the influence of gender identity campaigners on social media and even in our school policies (i.e., [bulletin 55](#) in Australia) and campaigners are financed by [large pharmaceutical corporates](#).

If we were to accept the 'conversion/suppression' definitions framed by this Bill, we would have to accept that any cautious measured approach is a danger to a free society and that the state can preordain transition as the only permissible option. Which would go against the individual rights of Australians in allowing parents, children, and health professionals to find the best path for each unique child, not follow mandatory practices based in an ideology or belief system of '*gender*' that is not validated by evidence³.

² [De-transitioners reporting on harm from transition procedures.](#)

³ ['One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria'](#)

Three - The mandatory affirmation conversion practice targets gay children.

We have seen in the UK that the promotion of mandatory affirmation policy has shown that homosexual and bisexual children are vastly overrepresented amongst children presenting to the Gender Identity Disorder Service (GIDS) through the Portman and Tavistock Trust. In "Sex, gender, and gender identity: A re-evaluation of the evidence"⁴, the authors report that in 2012 for instance, only 8.5% of girls referred to the service described themselves as heterosexual. Given that the overall percentage of lesbian and bisexual women and girls in the UK is less than 5%, the underlying causes for this overrepresentation should have been urgently investigated. Although empirical evidence⁵ has shown that a cross-sex identification is a better predictor of a child growing up to be bisexual, gay, or lesbian rather than growing up to identify as trans, these children were immediately put on the medical pathway. This happened to such an extent that clinicians at Tavistock raised concerns they were practising a form of gay conversion therapy.

In 2019, staff interviews conducted as part of an internal review confirmed that homophobia was an underlying issue in many cases of children seeking to transition but children were referred onto the medical pathway to transition anyway. The Times of London reported:

So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that "there would be no gay people left".

"It feels like conversion therapy for gay children," one male clinician said. "I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay," he told The Times.

"Young lesbians considered at the bottom of the heap suddenly found they were really popular when they said they were trans."

Another female clinician said: "We heard a lot of homophobia which we felt nobody was challenging. A lot of the girls would come in and say, 'I'm not a lesbian. I fell in love with my best girlfriend but then I went online and realised I'm not a lesbian, I'm a boy. Phew⁶."

Mandatory affirmation is in effect homophobic and another form of conversion practice based on sexual orientation. In countries such as Iran where homosexuality is a crime punishable by death, this affirmation policy is followed through with surgical sex reassignment to rid Iran of homosexuals and other gender non-conforming individuals.

We have seen the new conversion therapies in the ACT and Queensland follows this homophobic trend. In 2018 as reported in 'The Australian' the Medical Association Queensland' took a stand against these conversion practices based on the safety and ethics of transgender drugs and surgery for children, calling for a host of practitioner groups to come together and devise new national treatment guidelines. The organisation covering more than 9600 doctors said it "strongly supports" the concerns of branch member Philip Morris, a leading psychiatrist, who questioned the capacity of under-18s to make decisions about life-altering hormonal treatment or surgery "now shown to be not without harm".

Hence, it is most concerning that medical and allied professionals would be explicitly banned from exploring fully the root causes of a patient's gender dysphoria and distress. This has the effect of preventing the understanding of how experiences of homophobia, sexual abuse and sexism can manifest, particularly for young people who may only come to understand the complex issues they were responding to post-transition otherwise, as many detransitioners have reported.

Four - Automatic affirmation conversion practice and the exponential rise in transitioning

It has therefore been alarming that there has been an exponential rise in the numbers of individuals presenting with gender dysphoria, including high numbers of teenage girls. In the UK, in 2009/10 there were 32 girls and 40 boys referred to Tavistock GIDS. In 2011/12 the sex ratio reversed and the gap between boys and girls has

⁴ Griffin, L., Clyde, K., Byng, R., & Bewley, S. (2020).

⁵ Childhood Gender-Typed Behaviour and Adolescent Sexual Orientation: A Longitudinal Population-Based Study.

⁶ It feels like conversion therapy for gay children says clinicians" Bannerman, Lucy. The Times, 8 April 2019.

continued to widen year on year ever since. The total number of referrals for 2018/19 in England alone is 624 boys and 1,740 girls. In less than a decade, there has been a 1,460% increase in referrals of boys and a staggering 5,337% increase in girls. The number of teenagers who have presented to Queensland's publicly funded transgender clinic has risen 330 per cent over five years, with some clinicians claiming this is part of a global trend of rising cases of gender dysphoric young people.

With this exponential rise and the automatic affirmation of every single patient with gender dysphoria, gender distress, or confusion as trans, regardless of other factors, this push for people to pursue medical transition will result in more de-transitioners in the long-term suffering irreparable harm.

Five - The suppression of detransitioners numbers

Despite assertions by gender identity campaigners that there are few detransitioners and [the suppression of research on how many detransitioners there are](#). Today there are 17.2K members on the *r/detrans* | *Detransition Subreddit* a board created in 2017. In 2016 Cari Stella, who transitioned from Female-to-Male and now describes herself as a detransitioned lesbian, conducted [a two-week survey of female detransitioners](#). She was surprised at the 203 responses she received in that short time. She suggested that "detransitioners are not quite as rare as some would like to have us think."

Six - The censorship of detransitioners

Practices like censorship would increase detransitioners numbers further. Does the proposed ban on 'conversion practices' effectively censor stories of ex-gays, de-transitioners or of transitioning regret?? Yes in fact it does, the Human Rights Law Centre (HRLC) Report, Preventing Harm, [Promoting Justice, Responding to LGBT Conversion Therapy in Australia](#), recommends under 8.2.3 'Damaging messages broadcast on radio and published online' that the "Federal Government should work with relevant federal agencies and the States to ensure that classifications and ratings for ex-gay and ex-trans publications (television, books, online content) reflect the negative impact on the psychological health of individuals which can be caused by this content". In other words, any evidence contrary to compliance with the mandatory affirmation policy.

Seven – The undermining of children's safeguards

Because gender identity ideology posits/argues that gender is innate and unchangeable, mandatory affirmation practices with lifelong consequences are justified, these are applied even in the case of children who are not young enough to understand the consequences of medical transitioning. Although de-transitioners report in general that the consequences were not explained to them.

Those who have de-transitioned are proof that either their gender can be changed or that what some young people go through when they or gender clinics say they are transgender is indeed a phase that they will probably outgrow. In studies where the practices of *watchful waiting* have been used instead of mandatory affirmation, between 73% and 98%, (i.e., the vast majority of children treated for gender dysphoria) were observed to reconcile with their sex. (Steensma, Biemond et al. 2011) No laws, therefore, should be put in place which prevents medical and allied professionals from helping a patient to fully explore the root causes of their gender dysphoria and distress, which process should occur in full.

We are concerned that minors who have experienced medical malpractice through unnecessary medical transitions will have no course for redress because service providers will cite Acts which mandates affirmation as the only legal treatment.

The UK High Court in the case of *Keira Bell v Tavistock* reviewed the evidence with some horror last year and concluded that once children go on puberty blockers, they almost invariably proceed through all the stages of transition and that children under 16 and those likely under 18 cannot possibly provide informed consent to those consequences. Australia and New Zealand are being steamrolled by an aggressive ideology that changes our language and undermines our usual safeguards relating to children, demonises those who are cautious, refuses to consider evidence which counters the approved narrative and demands complete fealty on pain of social cancellation. Standing up to this is not transphobic, it is being child-centric and rational, and it is necessary.

Eight - Limited support for detransitioners

If standard medical health practices ('conversion practices' as described in the Bill in relation to gender dysphoria) are banned, then what support or assistance will detransitioners have available to them, given they no longer align with this ideology? Will detransitioning therefore be seen as a conversion practice? And given the extent of harm to detransitioners which includes the loss of sexual function, sexual desire, sterility, reduction in IQ, bone density and teeth issues and joint issues. It further includes vaginal, penile, or uterine atrophy, cervical issues, and other damages to physical health, and sometimes results in chronic life-long pain. All this in addition to the impact on mental and emotional health. Will there be services to assist detransitioners to detransition? Will those medical and mental health professionals face criminal risk or sanction for assisting them to return as much as is possible to their original state?

If this monstrosity of a Bill goes into legislation will the Victorian government be making apologies and providing compensation in the future for the irreparable harm that will have been done to vulnerable children, once they reach young adulthood and then understand the consequences to them of the Victorian government's actions?

Nine – Victoria's Conversion Ban most regressive, and repressive in the world

As you may gather, LGB Alliance Australia is opposed to the inclusion of the concept of gender identity in any legislative reforms, or any legislation based on gender identity ideology. Sex is as observed at birth or in utero, gender is a social construct which is subject to change.

Gender non-conformity should be embraced without the need to call into question an individual's biological sex. But the biological observable reality of sex must not be conflated with a gender ideology that posits that each person has an internal sense of being male/female/non-binary detached from physical reality. No amount of physical modification, feminine dressing, female hormones, or surgical interventions will change a biologically male into a female, or a biological female into a male. Health professionals must be free to explain these scientific facts to patients without being accused of conversion therapy and risking prosecution.

Our concern with this Bill, and that of LGB Alliance groups around the world, 15x so far, is that this is the most regressive and oppressive Bill than any other Conversion ban legislation in play in the world. Unlike any other social justice movement in history, the push for Gender Identity Ideology in law is unique in that it has involved;

- 1) eliminating the sex-based rights and protections of women and girls and
- 2) the bullying, censorship, de-platforming, doxing, demonising, threat of criminal action, professional sanctions, which impact on reputation and loss of income due to loss of employment as punishment for those resisting a belief-based system of gender and defending the class of 'woman' as a separate ontological class.

1), Where biological sex is replaced or conflated with 'gender identity' (where our biology is considered irrelevant) the reality of the ontological class of women or human females is ignored, hence all protections and sex-based rights around the class of 'woman' can be voided. This severely sets back equality for women, removes the rights which women have fought for, for more than a hundred years.

Gallus Mag, a blogger and writer in the women's community prepared a list of the Human Rights of Women that Gender Identity ideology is eliminating around the world, we are seeing the loss of many of these rights in Australia and we expect to see the loss of all of them, if Bills such as this are put into legislation:

- Removing the legal right of women to organize politically against sex-based oppression by males.
- Removing the legal right of women to assemble outside the presence of men.
- Removing the legal right of women to educational programs created for women outside the presence of men.
- Eliminating data collection of sex-based inequalities in areas where females are underrepresented.
- Elimination of sex-based crime statistics.
- Eliminating athletic programs and sports competition for women and girls.
- Removing the legal right of women to be free from the presence of men in areas of public accommodation where nudity occurs.
- Elimination of grants, scholarships, board and trustee designations, representative positions, and affirmative programs for women.

- Removing the legal right of women to create reproductive clinics, rape crisis services, support groups, or any organizations for females.
- Eliminating media and all public discourse specific to females.
- Removal of the right of journalists to report the sex, and history, of subjects.
- Eliminating the legal right of lesbians to congregate publicly.
- Elimination of lesbian-specific organizations and advocacy groups.
- Removing the legal right of women to free speech related to sex roles and gender.
- Elimination of the legal right of women to protection from state-enforced sex-roles (appearance/behaviour/thought).
- Elimination of the legal right of girls to protection from state-enforced sex-roles in public education.
- Elimination of the patient right of dependent females to hospital/facility bed assignments separate from males.
- Elimination of the right of dependent females to prefer female providers for their intimate personal care requirements.
- Elimination of the human right of female prisoners under state confinement to be housed separately from male prisoners.

2) The main purpose of the Act is to denounce: to condemn or censure openly or publicly a natural person or any organisation for failing to acquiesce to the legislation backed by significant criminal sanctions and substantial fines. We direct you to a summary of the "[Change or Suppression \(Conversion\) Practices Prohibition Bill 2020 VIC Summary and Analysis](#)" written by Law Graduate Katherine Deves.

In a personal remark on the Coalition of Biological Reality forum she commented:

"I cannot express how deeply disturbed I am by the Suppression Bill for VIC. They are using terminology such as "denounce", "deliverance practices" and "exorcism".

The scope of powers for the Commission to bestow authority on anyone, determine processes, investigate, demand information and attendance, make decisions and enforce compliance and sanctions are beyond anything I have ever seen.

This Commission will be politically appointed and will not operate under the Rule of Law - they are non-judicial and non-elected, they are not accountable to anyone for their practices - therefore normal rules of evidence, practice and procedure, and appeals do not apply.

They have the right to release information into the public domain as they see fit and keep a public register of information. Natural persons and organisations can be criminally sanctioned up to 10 years with fines up to \$1 million. Any organisation or corporation will be held vicariously liable for any employee, agent, or volunteer.

This is the creation of a statutorily empowered body that is judge, jury and executioner. We are witnessing a totalitarian and fascism regime come to life here in Australia."

We, the LGB Alliance Australia group are under no illusion that those most negatively impacted by this legislation; homosexuals, male and female, and women in general, desisters and detransitioners will be targeted for censure as we resist the removal of our rights and protections. As this is occurring already, but never before to the systematic extent in Australia that this bill if enacted into legislation will cause. This bill should not pass into legislation.

Ten - Conclusion.

This legislation will harm homosexuals, women and children bodies, rights, and protections, it's main beneficiary is the Pharmaceutical, Medical and Surgical industry who profit off a new revenue stream of body modification.

It is deeply disturbing that any legislation should be passed into law which mandates conversion practices under a Bill that is meant to prohibit conversion practices. It pushes for censorship and oppression of people whose health, liberty and income will be critically impacted if put into legislation.

We believe any process of inclusion and diversity needs to follow democratic principles of polling all interested parties and should not in any way curtail free speech or frame any respectful dissent as hate speech. This Bill

violates democratic principles of inclusion and diversity in the creation of this Bill and the 'urgent' rush for it to be rammed through into legislation unasked for by the Victorian people. Only one perspective, a gender ideology perspective was put forward by a LGBTQIA+ organisation as the primary input into the Bills creation. All relevant parties impacted by these policies such as women's groups, parent groups, mental and physical health professionals or homosexual and bisexual people who reject gender identity ideologies were excluded. If passed this legislation will squash the voices of all health professionals, parents, those of the same sex-orientation and even those who undergo gender transition, of its damaging impact. It will put professionals under threat of criminal action, professional sanctions, and impact on reputation and income if they take a course of action that addresses mental health concerns or past traumas over the affirmation only practices of gender ideology.

There needs to be extensive research and public consultation and open debate on these questions and education campaigns to counter and correct the overwhelming misinformation that has already been disseminated to date on this topic by those with a vested interest in creating life-long medical patients, or those organisations that have been funded by those with a vested interest.

Our political representatives seem to deliberately avoid or are largely uninterested in exploring the views of different stakeholders or considering empirical evidence which is contrary to the ideological position of the dominant narrative on gender ideology. Furthermore, the Australian media is reluctant to report on stories relating to gender identity in a balanced or nuanced manner, with some major news broadcasters choosing to suppress or ignore dissenting views - even when those views are from affected parties such as detransitioners, LGB people or groups, and women's groups. The trans community make up less than .005%⁷ of the population, surely 99.995% should also have a voice on issues that impact them?

Do politicians and media avoid the topic of transgender with apprehension, due to the gender identity campaigners promoting a narrative that if young people are unable to medically transition, they will commit suicide? This is a myth⁸. However, the growing number of detransitioners permanently harmed by their medical and surgical transition is not a myth. We need politicians to develop a backbone.

Overwhelmingly this Bill is a rejection of science and common sense. The tendency to punish any perspective that is in opposition to an ideology that originated out of American academia and is uncritically being pushed into Australian culture, endorsed by political parties, organisations that profit from the new transgender market, mass media, and gender identity campaigners with little regard to material reality and empirical evidence is chilling. On one hand, falsely touting 'diversity and inclusion' as the reason and imperative and yet on the other hand excluding the many other diverse voices and opinions of the larger Australian public.

Please do not hesitate to contact me on contact@lgballianceaustralia.com to expand on any of the above if required.

Yours faithfully



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⁷ [How Many Transgender People Live in Australia?](#)

⁸ [Suicide Facts and Myths](#)