

# **LGB** ALLIANCE AUSTRALIA



**Response to the NSW Banning LGBTQ+  
Conversion Practices Consultation Paper**

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# About LGB Alliance Australia

## Our Vision

Lesbians, gay men and bisexuals living free from discrimination or disadvantage based on their sexual orientation.

## Our Mission

### **To advance lesbian, gay and bisexual rights**

We advance the interests of lesbians, gay men and bisexuals, and stand up for our right to live as same-sex attracted people without discrimination or disadvantage.

We will ensure that the voices of lesbians, gay men and bisexuals are heard in all public and political discussions affecting our lives.

### **To highlight the dual discrimination faced by lesbians**

We amplify the voices of lesbians and highlight the dual discrimination experienced by lesbians as women who are same-sex attracted in a male-dominated society.

### **To protect children who may grow up to be lesbian, gay, or bisexual**

We work to protect children from harmful, unscientific ideologies that may lead them to believe either their personality or their body is in need of changing. Any child growing up to be lesbian, gay or bisexual has the right to be happy and confident about their sexuality and who they are.

### **To promote free speech on lesbian, gay and bisexual issues**

We promote freedom of speech and informed dialogue on issues concerning the rights of lesbians, gay men and bisexuals. We assert that different opinions, even those we may disagree with, should be heard as part of the public debate.

You can find out more about us on our website – [www.lgballiance.org.au](http://www.lgballiance.org.au)

You can get in contact with us on email – [contact@lgballiance.org.au](mailto:contact@lgballiance.org.au)

Follow us on social media:

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[www.youtube.com/c/lgballianceaustralia](http://www.youtube.com/c/lgballianceaustralia)

# **Contents**

Introduction .....4

LGB Alliance Australia’s Response to the Consultation Questions .....6

## Summary

LGB Alliance Australia believes the proposed Bill should not be tabled in its current form for the following reasons:

- 1 **The proposed Bill may in fact harm the LGB community by cementing the homophobic practice of 'gender-affirming care' in NSW health policy.** The primary concern of LGB Alliance Australia is that many people who report and seek treatment for gender dysphoria turn out to be gay or bisexual. Gender clinics across the world have reported that the majority of those seeking 'gender-affirming care' are suffering from internalised homophobia and are deeply distressed about their minority sexuality. The Bill will not positively affect the LGB community, nor will it reduce homophobia in the wider community.
- 2 LGB Alliance Australia is concerned that this proposed legislation is designed to **block potential litigation by detransitioners, and those who have suffered under the homophobic practice of 'gender-affirming care.'**
- 3 **Conversion practices have been re-defined to reflect the ideological and financial interests of gender advocates, by elevating gender over or substituting it for biological sex in law.** This entails the legal erasure of sex-based rights and protections, which will adversely affect LGB people.
- 4 **Therapists, parents, families, educators, support workers and researchers could all be inadvertently captured by the proposed legislation,** ultimately harming LGB people who need their support.
- 5 **This legislation will not only create a chilling effect on legitimate research, education, debate and therapy, but will suppress and effectively remove from the public sphere all gender-critical views.**
- 6 **The proposed legislation will introduce Self-ID legislation by the back door, as a failure to affirm a person's gender-identity will be a crime.** Legislating gender affirmation is de facto Self-ID legislation.

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

It is important for the NSW government to note that LGB Alliance Australia has not been formally consulted in relation to this Bill. The wider LGB community has not been consulted in relation to this Bill. This closed consultation seems designed to limit public knowledge, scrutiny and dissent. It is fundamentally undemocratic. It is unwise for the NSW government to proceed with this legislation without directly consulting with LGB stakeholders in their full diversity, and not simply with publicly funded mainstream rainbow organisations which stand to benefit financially from the proposed Bill.

LGB Alliance Australia does not support the proposed Bill in its current form. We set out our urgent concerns and reasoning in the following pages.

## **Introduction**

LGB Alliance Australia supports legislation that will outlaw sexual orientation conversion practices.

We cannot support legislation to outlaw 'gender identity conversion practices,' as such laws may criminalise those offering help and support to distressed LGB people and provide a legal basis for the arguably homophobic practice of 'gender-affirming care'.

Proponents of the Anti-Conversion Practices Bill, such as Equality Australia, argue that there is 'a multi-partisan consensus that these harmful [conversion] practices must be stamped out.' This is a false claim. There is no such consensus between the LGB and TGD communities or within them regarding 'gender identity' conversion practices. The majority of countries around the world DO NOT have such laws, and most comparable jurisdictions, like the UK, are backing away from such legislation.

Extraordinary claims require extraordinary evidence, and there simply is **no evidence** that involuntary 'conversion practices' of any kind are carried out in NSW or, even if there were such evidence, that this would necessitate new, targeted legislation. All current reports in this area do not offer unequivocal evidence of current abusive conversion practices occurring in NSW. International reports cannot be used as evidence, as 'conversion practices' are culture-bound practices. Furthermore, existing criminal law already prohibits abuse and physical harm, as well as child cruelty, neglect and violence. LGB Alliance Australia sees no need to amend criminal statutes to include poorly and contentiously defined 'conversion practices.'

In other jurisdictions, Anti-Conversion Practices Bills have been used to embed the gender-affirmative model in the Australian health-care system, by effectively outlawing therapies, support services, and research that could be identified as gender-critical. The apparent purpose of such Bills is to secure high levels of public funding for expensive, unevidenced, experimental medical and surgical interventions ('gender-affirming care'), which private insurance companies are now refusing to cover due to the high risk of liability. For example, in May 2023, one of Australia's biggest medical insurers, MDA National, announced that it will no longer cover GPs who initiate gender-affirming treatment for adolescents.

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

LGB Alliance Australia does **not** support the experimental and unevidenced medical and surgical interventions for people distressed by their gender non-conformity (i.e., non-conformity to sex stereotypes), including their sexuality.

LGB Alliance Australia **does support** evidence-based psychotherapeutic treatments, such as cognitive behavioural therapy, and a process called 'active watchful waiting' for people distressed by their sexuality or other sex non-conformity. The success of these non-medical therapies is proven by the high rate at which patients' distress (dysphoria) resolves without accompanying medical or surgical intervention.

LGB Alliance Australia is deeply concerned that the proposed Bill may end up inadvertently harming those groups that it seeks to protect.

## **LGB Alliance Australia's Response to the Consultation Questions**

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

1.1 No. LGB Alliance Australia does not agree with the proposed definition of conversion practices as set out in the proposed Bill. The proposed definition has been designed by gender advocates to include 'gender identity' and does not reflect the historical reality of sexual orientation conversion practices.

**The legislature must clearly specify what it means by 'efforts to suppress or to change a person's sexual orientation or gender identity.' The current definition is inexact and insufficient and has serious implications for LGB people in that ordinary therapy and conventional sex education may be redefined as a 'conversion practice.'**

The LGBAA understands that some advocates for this Bill are using the limited historical evidence of gay conversion practices in Australia as a pretext for suggesting that gender identities require extensive legal protections against such conversion practices. However, to put it simply, testimonies of gay conversion practices do not apply to gender identities. Sexual orientation and gender identity, and indeed the concepts of sex and gender on which these are based, are not synonyms, although legislatures frequently conflate them. This is an error with serious unintended consequences. **It is essential that the NSW legislature clearly differentiate gender identity and sexual orientation, and their root concepts of gender and sex, in law. These terms are not synonymous.**

LGB Alliance Australia believes that the language in this complex area needs to be clear, accurate and commonly understood. Conversion therapy is typically so loosely defined that it is difficult to determine exactly what falls under this concept. For example, 'conversion practice' may be considered to include any attempt to persuade a person of an alternate opinion or point of view in an educational, counselling, healthcare or chaplaincy setting. Consequently, any legislation which sought to outlaw 'conversion practices' would need to consider very carefully its definition of that term and detail relevant exemptions for all educational, health, tertiary, training and religious settings, and domestic settings.

**This proposed legislation will regulate free speech and opinion. The legislation must take account of how political opponents and governments might (ab)use it when in office.**



## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

1.2 As the legislature intends to “amend the definitions of sexual orientation and gender identity in the Equal Opportunity Act 2010,” it is essential that the legislature de-couple sexual orientation from gender identity in this legislation.

For example, Dr Alex Byrne notes that the etymology of the term ‘gender identity’ is very recent and very confused. As Byrne points out with reference to the World Professional Association for Transgender Health (WPATH) Standards of Care, the supposed experts in this area cannot agree whether ‘gender’ is a synonym for ‘sex,’ or whether it has another meaning entirely:

The original clear definition of “gender identity” as “the sense of knowing to which sex one belongs” has now been lost. WPATH’s latest Standards of Care, for example, defines “gender identity” as “a person’s deeply felt, internal, intrinsic sense of their own gender” (Coleman et al., 2022, p. S252). If “gender” here means “sex” then this would approximate Stoller and Greenson’s definition, but it doesn’t. WPATH’s glossary entry for “gender” gives three options, none of which is sex: “gender may reference gender identity, gender expression, and/or social gender role, including understandings and expectations culturally tied to people who were assigned male or female at birth” (p. S252). WPATH does not say which of these is the operative meaning in the definition of “gender identity.” Clearly “gender” in WPATH’s definition cannot mean “gender identity,” because then the definition would be circular. It also seems unlikely that people have a “deeply felt, internal, intrinsic sense of their own” gender expression or social gender role, especially since these are heavily culturally infected.

(Byrne, A. ‘The Origin of “Gender Identity”.’ *Archives of Sexual Behaviour* (2023). <https://doi.org/10.1007/s10508-023-02628-0>).

Furthermore, any attempt to define and to regulate ‘gender identity’ must be stable and reflective of permanent state. However, as Byrne’s observations are supplemented by Dr Hilary Cass’s Interim Report on NHS treatment for children experiencing gender distress, gender identity is not a stable concept. Cass noted:

...a lack of agreement, and in many instances a lack of open discussion about the extent to which gender incongruence in childhood and adolescence can be an inherent and immutable phenomenon for which transition is the best option for the individual, or a more fluid and temporal response to a range of developmental, social and psychological factors.

The NSW must consider the Interim Cass report as reflective of the latest and highest quality research in this area.

<https://cass.independent-review.uk/publications/interim-report/>

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

**If the concept of gender identity has no stable definition, and there is no consensus amongst the medical or scientific community as to what exactly gender is and how it might change and develop over the lifespan; the NSW government has no basis for defining or regulating this concept in law.**

1.3 There is no consensus amongst the medical, psychological and psychiatric communities as to what exactly constitutes 'conversion practices,' and what may simply be exploratory or supportive therapies for those suffering distress about their sexual orientation or gender identity. Current definitions of 'conversion practices' are so inexact that many people within the LGB and TGD communities consider any gender-critical or challenging opinions to be an attempt at conversion. Indeed, in a number of reports regarding supposed 'conversion practices' in religious communities, participants had voluntarily attended and read ancient scripture as part of a prayer group. Whilst this may have been upsetting to the participants, in no way is this practice comparable to historical conversion practices involving electric shock, surgical or chemical castration, deprivation of food and liquid, and chemically induced nausea, which had been used on LGB people to 'cure' their homosexuality in previous eras.

Indeed, as Power et al (2022) have noted that 'in Australia, conversion practices are most often unstructured and informal. This may include LGBTQA+ people being repeatedly told by friends, family or faith leaders and communities that they are in some way damaged but can be helped, fixed or saved. It may also involve informal discussions or pastoral care meetings set up to teach, encourage or support LGBTQA+ people.' Yet, despite Power et al's claim that there is 'global recognition of the harms caused by conversion practices,' there is no consensus about what exactly constitutes 'conversion practices' and what are the typical 'harms' reported by those who have been said to have experienced conversion practices.

Power et al call for public education and peer-based support, and not criminal sanction, for so-called conversion practices.

**In a similar vein, LGB Alliance Australia does not support legal restrictions on free speech and opinion, especially when a difference of opinion is the problem to be addressed.**

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

1.4 In a recent newspaper article, Dr Jay T. Allen presented the case that gender-affirming care is itself a form of conversion practice, which should be outlawed: “gender affirming care” [is] a form of conversion therapy which, like other forms of conversion therapy, should be universally banned. At a minimum, it should be banned for children and adolescents.’

<https://www.themainewire.com/2023/08/gender-affirming-care-is-conversion-therapy/>

(Accessed 22.08.2023)

1.5 The area of gender incongruence is highly contested, even within psychiatry, the main speciality which addresses gender distress / gender dysphoria. For example, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently revising its Position Statement 103: Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence. The RANZCP Board and Steering Group have required that an extensive range of evidence be considered in this process. The RANZCP is “mindful of the sensitivities around this topic, which necessitates a thoughtful and respectful approach.” It is anticipated that a revised version of Position Statement 103 will be published by the end of 2023.

1.6 The NSW Government should also note that experienced child psychiatrist Dr Jillian Spencer called for an “urgent federal inquiry into the model of care for the treatment of gender dysphoria” in a recent appearance at the NSW parliament (June 22, 2023). The legislature must take note of psychiatrists calling for further evidence and evidential review in this area.

The Australian Doctors Federation (ADF) issued a statement of support for Dr Spencer, who has been stood down from her role as a senior psychiatrist at the Queensland Children’s Hospital over allegations relating to the treatment of gender dysphoria in children:

The ADF advocates for and supports medical practitioners who may be targeted for upholding important professional principles, especially in ensuring the need for procedural fairness and natural justice when there is dispute about their practice.

Gender dysphoria in children and its skilled and considered medical management are the subject of ongoing debate, both in Australia and internationally. There is a particular obligation to first do no harm when making medical decisions during a particularly volatile period of a person’s development, especially should the outcome potentially not accord with later mature reflection.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

It is essential for good medicine and societal well-being that there is open and unbigoted debate about the merits or otherwise of relevant treatment protocols, and that medical decision-making be guided by evidence rather than bias or ideology.

<https://ausdoctorsfederation.org.au/2023/07/26/australian-doctors-federation-statement-on-the-independence-of-medical-decision-making/>

LGB Alliance Australia supports Dr Spencer in her call for a Federal Inquiry into the current model of care for gender dysphoria. In no way should the legislature seek to enact legislation which bears on practices which remain the subject of scientific scrutiny and review as to its legitimacy and efficacy.

1.7 Internationally, many major medical organisations are urgently reviewing the lack of evidence for 'gender-affirming care' for gender incongruence, and have found it lacking. For example, on 14 July, 2023, twenty-one clinicians and researchers from nine countries – Finland, the United Kingdom, Sweden, Norway, Belgium, France, Switzerland, South Africa and the United States – signed a letter to the *Wall Street Journal* stating that the 'best available evidence' does NOT support the medical

Every systematic review of evidence to date, including one published in the *Journal of the Endocrine Society*, has found that the evidence for mental- health benefits of hormonal interventions for minors to be of low or very low certainty.

In contrast, the risks of medical and surgical treatments for gender distress are significant. These include sterility, lifelong dependence on medication, surgical complications, and the anguish of regret for making irreversible changes to one's body. Because of these serious consequences, the clinicians conclude:

**More and more European countries and international professional organizations now recommend psychotherapy rather than hormones and surgeries as the first line of treatment for gender-dysphoric youth.**

The experts also added that: "There is no reliable evidence to suggest that hormonal transition is an effective suicide-prevention measure." In other words, gender distress or a diagnosis of gender dysphoria is a mental health condition, which requires a mental health response ('Youth Gender Transition Is Pushed Without Evidence,' *Wall Street Journal*, 14/07/2023).

<https://www.wsj.com/articles/trans-gender-affirming-care-transition-hormone-surgery-evidence-c1961e27>. Accessed 4/08/2023.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

1.8 The NHS England have also recently released a consultation guide, as part of a review by the National Institute for Health and Care Excellence (NICE) of the use of puberty-suppressing hormones (PSH) in a clinical setting ('gender-affirming care'):

NHS England has carefully considered the evidence review conducted by NICE, any subsequent evidence found in the follow-up literature surveillance, further evidence suggested during stakeholder testing as well as the interim recommendations of the Cass Review and has concluded that there is not enough evidence to support the safety, clinical effectiveness and cost effectiveness of PSH to make treatment routinely available at this time. NHS England recommends that PSH for children and young people with gender incongruence should only be accessed through research.

[https://www.engage.england.nhs.uk/consultation/puberty-suppressing-hormones/user\\_uploads/consultation-guide-puberty-suppressing-hormones-for-gender-incongruence-or-dysphoria-updated.pdf](https://www.engage.england.nhs.uk/consultation/puberty-suppressing-hormones/user_uploads/consultation-guide-puberty-suppressing-hormones-for-gender-incongruence-or-dysphoria-updated.pdf)

Dr Stephen Westgarth, a consultant child psychiatrist within the NHS, explains the difficulties of trying to provide care in this highly contested area:

The affirmation model is internally inconsistent. On one hand, GD [gender dysphoria] is described as not an illness, and yet medical treatment with hormones and surgery is sought. This inconsistency perhaps reflects the disconnect from reality present in GD. Unacceptable delays in care create impatience and distress. Meanwhile trans support networks may coach sufferers to give responses likely to obtain desired physical treatments. A September 2021 Cochrane review found insufficient evidence to support the use of hormone therapy in helping transgender women transition (Haupt et al., 2020). Similarly, a Cochrane database search I conducted for 'gender transition', 'surgery efficacy', 'sex change' and 'surgery efficacy' revealed no results. There is a lack of evidence to support radical surgical and hormonal intervention in children. In a Swedish total population review, Bränström and Pachankis (2019) eventually, after correction, reported no benefit of gender reassignment surgery in relation to mood, anxiety-related health care visits, prescribing, or hospitalisations from suicide attempts. However, where psychological exploration is used, the results are positive. A substantial 70–95% of gender incongruent young people, supported psychologically without the affirmation model, return to being gender congruent with their natal gender (Steensma et al., 2011). Too many have leapt to facilitate social transition, puberty blockers, hormones and surgery, despite lack of evidence of efficacy, and counter to the probability of ultimate gender congruence. The interim report from the Cass Review (2022) highlights that even

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

social transition is not a neutral act but it is ‘an active intervention’ and yet this often takes place in schools before any assessment by medical or mental health services. I do not dispute the distress inherent in gender incongruence. However, I do dispute that evidence supports the benefits and ethics of the affirmation model. First, do no harm. (Stephen Westgarth, ‘First, Do No Harm,’ *RCPsych Insight Magazine*, Spring 2023):

[https://www.rcpsych.ac.uk/docs/default-source/members/rcpsych-insight-magazine/rcpsych-insight-23---spring-2023.pdf?sfvrsn=4c352910\\_6](https://www.rcpsych.ac.uk/docs/default-source/members/rcpsych-insight-magazine/rcpsych-insight-23---spring-2023.pdf?sfvrsn=4c352910_6).

Date accessed: 4/08/2023.

In a recent review article, Leor Sapir confirms the disturbing lack of evidence for the affirmative model of transgender medicine in the US and the lack of international consensus about this practice:

Health authorities in progressive [Sweden](#), Finland and the [U.K.](#) have conducted their own reviews and every one of them yielded the same conclusion: The assertion that puberty blockers or cross-sex hormones help youths who identify as transgender live healthy lives is based on “very low” quality evidence. Focusing on SOC-8 unscientific claims about puberty blockers, the director of Belgium’s Center for Evidence-Based Medicine has said that he would “throw [WPATH’s guidelines] [in the trash](#).”

Are there studies that claim hormones and surgeries help? Sure. But invariably, these studies suffer from [severe methodological problems](#) that [demonstrably](#) exaggerate the benefits and understate the risks. Crucially, and for good reason, even the Dutch studies, which gave rise to the practice of youth transitions worldwide, and which are recognized by WPATH itself as the gold standard of research in this area, [have so many methodological flaws](#) that European systematic reviews assessed them to be at “critical risk of bias.” Such is the state of paediatric gender medicine...

Proponents of gender-affirming care dismiss this approach, and with it, well-respected mental health supports such as cognitive behavioural therapy, as one based on “no evidence.” But this gets things exactly backward. It is the riskier and more invasive intervention — hormones and surgeries — that requires stronger evidence. Without that evidence, safer treatments should be used by default. First, do no harm.

<https://archive.is/2023.08.19171548/https://www.dallasnews.com/opinion/commentary/2023/08/19/transgender-care-needs-better-science-more-transparency/#selection-1857.0-1857.412>

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

Given that this area is so contentious and that there is no agreement amongst professionals as to what may or may not be considered 'gender identity conversion practices' in a clinical setting; the LGBAA considers it unwise and misguided for any legislation to be put forward in this area, at this time. The proposed Bill, by outlawing any practice which may be considered as 'non-affirming care', would only compound confusion.

**LGB Alliance Australia implores lawmakers to refrain from imposing their political definitions on medical and other health professionals. For the safety and well-being of all LGB and TGD people, mental health-care must remain disentangled from social justice ideologies and legal sophistry.**

1.9 There is now widespread acceptance amongst health, religious and therapeutic communities that historical attempts to change or alter a person's homosexual sexual orientation were not only morally wrong and psychologically harmful, but also ineffective. As these reprehensible practices only proved, it is not possible to change one's sexual orientation through conversion practices; homosexuality appears to be an innate human characteristic for a small but stable portion of the population. Despite claims by transactivist organisations and politicians, there is **no substantive evidence that there are live, ongoing attempts to 'change' or 'suppress' sexual orientation or gender identity in individuals in Australia**. Consequently, the definition appears to describe a historical phenomenon, and not a current practice.

**LGB Alliance Australia can find no evidence to support the claim that abusive conversion practices are currently taking place in NSW.**

1.10 Claims contained in the Human Rights Law Centre (HRLC) report *Preventing Harm, Promoting Justice* (2018), which suggest that 10% of LGBTQA+ Australians are at risk of conversion practices, are highly unreliable. This report does not provide evidence of abusive conversion practices. The report clearly states that: 'there are no studies of the prevalence of conversion therapy in contemporary Australia' (p.16). In other words, there is no reliable, statistically significant evidence of conversion practices currently taking place in Australia.

The *Preventing Harm, Promoting Justice* report incorporated the views of a self-selected sample of people from outside of NSW, who cannot be considered as representative of the NSW LGB community. The report described 'conversion practices' in such broad terms that it is not clear what the recorded experiences can be said to represent.



## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

The report authors themselves note that in the last decade 'several Australian organisations have closed' and 'ceased to publicly advertise their services' (p.15). Nevertheless, the report highlights the personal narratives of 13 LGB people and 2 TGD people. No figures relating to relative risk can be extrapolated from this small sample. The *Preventing Harm, Promoting Justice* report claims that 'at least ten organisations in Australia and New Zealand currently advertise the provision of conversion therapies' (p.4). LGB Alliance Australia can find no evidence to substantiate this claim and queries the utility of the HRLC's definition of conversion practices.

Despite asserting, without evidence, that Expose Ministries practice anti-trans conversion practices in Australia, the report authors are forced to admit that: 'without further research it **remains unclear where and to what extent trans conversion therapy is actually promoted and practised in Australia**' (p.18). The publicly funded report authors could find no evidence of 'trans conversion therapy.' Yet, Anna Brown, co-author of the report and director of Equality Australia, demands that 'trans conversion practices' be outlawed in Australia.

For example, in chapters four and five of the *Preventing Harm, Promoting Justice* report, 15 LGBT people self-report experiences of attempted conversion practices. The participants engaged with various conversion therapy practices between 1986 and 2016 as part of their struggle to reconcile their sexuality or identity with the beliefs and practices of their religious communities. Nine participants identified as male and gay, two as female and lesbian, two as transgender, one as female and bisexual and one as non-binary. (It is important to note that non-binary identities are a very recent sociological phenomena). The self-reports of this small cohort, offering historical testimony, is not a reliable evidence base for contemporary law. The NSW government should urgently seek further research by impartial investigators using rigorous methods in order to establish a reliable evidence base.

**The *Preventing Harm, Promoting Justice* report should never have been used to substantiate claims of conversion practices actively occurring in Australia.**

**Most reports in this contentious area cite unreliable, unreproducible and unverified small studies from the United States, or other international jurisdictions. International reports cannot be used as 'conversion practices' are culturally bound phenomenon, specific to time and place.**



## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

### **LGB Alliance Australia is willing to work with the NSW government and researchers to gather such data from the wider LGB community in Australia.**

1.11 LGB Alliance Australia has seen no viable evidence from the Victorian-based Human Rights Law Centre; the Victorian-based Brave Network; ACON; or Equality Australia that conversion practices designed to change a person's sexual orientation or gender identity are taking place and necessitate urgent legal reform in NSW. Recent testimonies concerning conversion practices against homosexuals appear to be historical in nature.

Concerningly, anonymous groups like **SOGICE Survivors** make serious claims about the existence of 'conversion practices' in Australia without providing any evidence that such practices, or their survivors, exist. This anonymous website provides **no evidence**, no named Board or governing committee, only a 'statement.' Curiously, this anonymous group has received extensive backing from some of the major social justice organisations in Australia. Even more worryingly, the SOGICE Survivors website claims that:

**Recommendations from the Human Rights Law Centre / La Trobe University 2018 report Preventing Harm, Promoting Justice, many of which were derived from recommendations originally suggested by SOGICE Survivors**

**Recommendations published in reports and submissions from Thorne Harbour Health (Victoria) and Equality Australia, also partially derived from SOGICE Survivors' work.**

<https://www.sogicesurvivors.com.au/#the-statement>

(Date accessed: 22.08.2023)

**There is no information about who SOGICE Survivors are, what their professional credentials are, or about the sources and reliability of their evidence. LGB Alliance Australia, which is a publicly listed organisation run by members who include named professionals in academia and law, would like to know why SOGICE Survivors and other anonymous groups have been given such a leading role in informing legislation in this area across Australia?**

**The NSW Government must not ignore the lack of evidence in this area, and the lack of credibility of those proposing such legislation.**

Worryingly, SOGICE Survivors agitate to expand the definition of 'Conversion Practices' to include 'conversion ideology.' The group's statement strongly refutes the following statement: 'That it is possible to change a person's trans or gender diverse identity such that the person fully identifies with their sex assigned at

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

birth.’ This baseless claim is evidentially false, as the detransitioner experience readily attests.

This raises the question: What exactly are the current conversion practices in NSW that this Bill seeks to outlaw? As direct stakeholders in this issue, LGB Alliance Australia would like clearly defined and precise examples, which can be independently verified, of these active conversion practices and the harms they cause to LGB people.

1.12 LGB Alliance Australia does not accept the incoherent terminology of the NSW government in relation to sexuality, sexual orientation and gender. This language exhibits the confusion of an incoherent ideology of gender and gender identity. The terminology adopted in this proposed Bill is inaccurate, misleading and designed to exploit the compassion of lawmakers for LGB people. For example, organisations and groups such as Amnesty, SOGICE Survivors and Brave Network provide alternative definitions of ‘conversion efforts,’ introducing claims about gender identity conversion which are not based in evidence or historical fact. For example, Amnesty and SOGIE Survivors have adopted the acronym SOGICE which stands for Sexual Orientation and Gender Identity Change Efforts. This acronym is designed to recall the term SOGI used by such institutions as the United Nations. However, SOGI is not a widely accepted or used acronym even within the LGB and TGD communities. SOGI is a term developed by activists and lobbyists and designed to elide fundamental differences between the LGB community and the TGD community.

**Gender identity ideology is inimical to same-sex attraction and homosexuality. It erases same-sex attraction by elevating the concept of gender over or substituting it for sex. The NSW Government appears to have fallen prey to this ideology, as is evidenced by the terminology associated with the Bill. LGB Alliance Australia vehemently rejects this ideologically loaded terminology.**

1.13 It is the case that many organisations currently lobbying on behalf of trans and gender diverse people deliberately employ confusing and/or misleading language.

At LGB Alliance Australia we are committed to the view that language in complex areas needs to be clear, accurate and commonly understood. Conversion therapy is typically so loosely defined that it is difficult to determine exactly what this concept entails. For example, a ‘conversion’ effort may be considered to be any

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

attempt to persuade a person of an alternate opinion, or point of view, in an educational, counselling, health or chaplaincy setting. Consequently, the implications, and potential exemptions, for outlawing 'conversion' efforts must be carefully detailed for all educational, health, tertiary, training and religious settings, and domestic settings.

1.14 The process of self-acceptance is often fraught and complex for LGB people and should not be governed by legal statute. The complexity of internalized homophobia can be summed up by the phrase: **"To Trans Away the Gay."** The legislature needs to be aware that an increasing number of young people distressed about their homosexuality are seeking hormones and surgeries to medically "correct" themselves, in order to appear straight. This is a complex form of self-loathing, which meets the criteria of a "conversion practice" (please see 1.5).

1.15 The NSW government's own unstable and circular definition of "gender" proves the difficulty in this area. The proposed legislation seeks to outlaw practices which it cannot clearly define. For example, if one's sense of gender, or gender expression, can be subject to change, over time, and one's sense of gender is subjective, how can a prosecutor establish that an external party was responsible for bringing about change in a subjective point of view? How, exactly, is a process of 'conversion' to be differentiated from development or choice?

1.16 The legislature must think very carefully about how this legislation might impact families in a domestic setting. For example, parents may be accused of attempted 'conversion' by children, or the child's associates, for simply using their child's birth name rather than their chosen name, for using their sex-appropriate pronouns, or for refusing to provide consent for the use of off-label experimental drugs, such as puberty-blockers and cross-sex hormones. The government must avoid interfering in parental rights and responsibilities, especially where there is no evidence of abuse.

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

Gender Identity should **not be added** to the Bill for the following 5 reasons:

1. There is no evidence of existing abusive practices concerning gender identity taking place in NSW.
2. Gender dysphoria (gender incongruence) is a highly complex psychological issue for which there is no scientific consensus on its nature or treatment. It is not a simple 'equality' or discrimination issue.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

3. Parents, educators, researchers, psychologists, psychiatrists, counsellors, support workers, social workers and chaplains (of all denominations) would be captured by the proposed law, ultimately harming children who require support for their intense distress.
4. The proposed legislation risks having a 'chilling effect' on research, public and scientific debate and therapy. This new legislation would criminalise any opposing or dissenting view to gender identity ideology.
5. The legislation would effectively remove medical gatekeeping from legal gender recognition, amounting to self-ID by the back door.

2.1 LGB Alliance Australia supports the original definition of conversion therapy practices, which is: 'Therapy or treatment intended or claimed to change or suppress a person's sexuality' (OED Online, Third Edition).

2.2 Any proposed legislation must provide precise definitions of both sexual orientation (same-sex attraction) and gender identity, and their root concepts of sex and gender. The current terminology is imprecise and heavily favours gender. LGB Alliance Australia insists on a definition of homosexuality as same-sex attraction (not same-gender attraction). LGB Alliance Australia rejects any definition of gender identity that relies on regressive sex stereotypes, including social roles.

LGB Alliance Australia suggests an alternative terminology of sex, gender and conversion practices, which appears below:

- Sexual orientation = "orientation with respect to a sexual goal, potential mate, partner" (Oxford English Dictionary, Third Edition, Online, 2023)
- Gender identity = "An individual's personal sense of being or belonging to a particular gender or genders, or of not having a gender" (OED Online)
- Gender dysphoria = "Persistent dissatisfaction with or distress relating to one's anatomic sex; (also gender dysphoria syndrome) a condition characterized by this" (OED Online)
- Conversion therapy = "Therapy or treatment intended or claimed to change or suppress a person's sexuality or gender identity, esp. to make a gay or bisexual person heterosexual, or to make a transgender person identify with their birth sex; the practice of attempting to change or suppress a person's sexuality or gender identity in this way. Also: a form of this therapy or an instance of this practice." (OED Online)
- Gay conversion therapy = Attempt to change or suppress a person's sexuality to make a gay or bisexual person heterosexual.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

- Gender identity conversion = A reduction in gender dysphoria and reconciliation with one's birth sex
- Gender affirming care = Treatments which cosmetically alter one's body in an attempt to manifest the stereotypical appearance of a person of the opposite sex.

2.3 There is no evidence, historical or otherwise, of conversion practices designed to change a person's gender identity taking place in NSW. For example, the SOGICE Survivors website records 87 people as having undergone sexual orientation conversion therapy, or Sexual Orientation Change Efforts (SOCE). Yet, there are no recorded cases of organisations administering gender identity conversion therapy. Consequently, due to the lack of evidence for gender identity conversion practices, **the definitions in the proposed Bill must be limited to sexual orientation.**

2.4 It is the view of LGB Alliance Australia that the Anti-Conversion Practices Bill has been designed to cement 'gender-affirmation' into the Australian legal, health, education and social systems, in the face of growing criticism of and a dearth of evidence supporting this approach to treating gender dysphoria.

Organisations promoting Gender-Affirming Care stand to financially benefit from this Bill.

To avoid legislating unevidenced practices, LGB Alliance Australia would advise the NSW government that the proposed Bill strictly avoid any reference to ender-affirming care or treatment, as this may cause unintended harm to LGB and TGD people.

Proponents of this Bill will argue that delaying 'gender transition' is a form of conversion therapy. If you ask specifically about supportive psychotherapy or 'watchful waiting', you will be told that it's a form of conversion therapy (because it delays gender transition) and that it is both harmful and unethical. For example, ACON's Evidence Brief on Gender Affirming Surgery in Australia lists the 'financial barriers' to the multiple, complex experimental interventions currently conducted on gender-distressed people in Australia. ACON concludes that: *'the public healthcare system requires a significant refocus on gender affirmation and trans-affirming practice more broadly, in order to address the urgent unmet health needs of trans people living in Australia. While some trans people have been able to access gender affirming surgical interventions, many remain unable to access even the most basic procedures, which has significant and alarming negative effects on those people's wellbeing. All trans people in Australia should have full and free access to medical gender affirmation, including surgical interventions.'*

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

[https://www.acon.org.au/wp-content/uploads/2021/11/Gender-Affirming-Surgery\\_Evidence-Brief\\_FINAL\\_Nov21.pdf](https://www.acon.org.au/wp-content/uploads/2021/11/Gender-Affirming-Surgery_Evidence-Brief_FINAL_Nov21.pdf)

The affirmation only approach has been adopted in Australia without evidence of its efficacy, and even though most trans and gender-diverse people have significant doubts about the extent of 'Gender Affirming Care.' As ACON reports, sex-reassignment surgery **'is not the goal for all trans people, many may never desire to undergo surgery related to their gender at all.'**

(ACON, Gender Affirming Surgery in Australia Brief: 'https://www.acon.org.au/wp-content/uploads/2021/11/Gender-Affirming-Surgery\_Evidence-Brief\_FINAL\_Nov21.pdf).

Nevertheless, serious and irreversible medical and surgical procedures are routinely carried out for people who are severely psychologically and emotionally distressed about their gender and/or sexuality.

Organisations like ACON and Equality Australia which campaign for bans on 'gender identity conversion practices' are ideologically opposed to any medical gatekeeping for transgender medicine and legal sex change. This is self-ID by the back-door.

Systematic reviews of the evidence (the gold standard of evidence) for 'gender-affirming care,' which have been conducted in the United Kingdom, Norway, Finland, Sweden and the State of Florida (USA), have all concluded that the evidence used to support 'gender-affirming care' is either of low or very low quality. Each of these reviews has concluded that **the harms of gender-affirming care outweigh the benefits.** In light of such findings, **a Judicial Review of the evidence must take place in NSW (and Australia more broadly) and medical gatekeeping must remain in place.**

According to the most recent review of the current available evidence conducted by Stephen B. Levine and E. Abbruzzese (2023):

The conclusions of the systematic reviews of evidence for adolescents are consistent with long-term adult studies, which failed to show credible improvements in mental health and suggested a pattern of treatment-associated harms. Three recent papers examined the studies that underpin the practice of youth gender-transition and found the research to be deeply flawed. Evidence does not support the notion that "affirmative care" of today's adolescents is net beneficial.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

<https://link.springer.com/content/pdf/10.1007/s11930-023-00358-x.pdf>

LGB Alliance Australia believes the government should not legislate in favour of 'gender-affirming care,' which is not only a harmful practice, but also ineffective as a clinical treatment for gender dysphoria. To repeat, feelings of gender dysphoria resolve without 'gender-affirming treatment' in the vast majority of people who report to gender clinics.



## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

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

3.1 No. The proposed legislation must not include “gender affirming care” in the proposed exceptions. For medical or health practitioners to affirm “gender dysphoria” is to affirm mental distress or impairment. The legislature MUST NOT exempt this unevidenced practice from the definition of Conversion Practices. The LGBAA consider gender affirming care to be a conversion practice of LGB people.

For example, in her detailed investigation of the institutional failures at the UK’s leading gender-affirming clinic, the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust, BBC journalist Hannah Barnes reports that:

[Clinician] Matt Bristow came to feel that GIDS was performing “**conversion therapy for gay kids.**” It’s a serious claim. Some clinicians have relayed how there was even a dark joke in the GIDS team that **there would be no gay people left at the rate GIDS was going.** “I don’t think that all of the children were gay, by any means,” Bristow tells me. “But there were gay children there- in my view I think there were gay children- who were being pushed down another path” ...

...When GIDS asked older adolescents about who they were attracted to, over **90 per cent of natal females reported that they were same-sex attracted or bisexual.** Just 8.5 per cent were opposite-sex attracted- attracted to males. For the natal males, **80.8 per cent reported being same-sex attracted or bisexual,** and 19.2 per cent opposite sex attracted...GIDS makes clear that these data are by no means complete...

...The pioneering Dutch study tells an equally stark story about sexuality. Of the 70 young people who feature, all of whom were deemed eligible for early treatment with puberty blockers because of persistent gender dysphoria through childhood, **every single one of the 33 natal females was either same-sex attracted or bisexual.** Not one was attracted to males. Only one natal male was solely attracted to girls, meaning that **94 percent of the natal males were also same-sex attracted or bisexual.**

Hannah Barnes, *Time to Think: The Inside Story of the Collapse of the Tavistock’s Gender Service for Children* (London: Swift Press, 2023), pp.161-162. Emphasis mine.

Unfortunately for the children and adolescents involved, the clinicians at GIDS were prevented from investigating and exploring sexuality as a root cause of gender dysphoria in their patients, feeling pressured to adhere to the gender-affirmative model of care adopted by GIDS.



## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

In her important study, *Irreversible Damage: Teenage Girls and the Transgender Craze* (London: Swift Press, 2021), Abigail Shrier explains that the complex connection between sex and gender identity is particularly fraught for teenage girls:

More than one adolescent girl I interviewed told me that whereas “trans” is a high-status identity in high school, “lesbian” is not. It is, in fact, openly derided as a lesser identity—masculine girls who can’t admit they’re supposed to be boys.

In her all-girls’ high school in Britain, in which many of the girls in her class identified as “transgender,” sixteen year-old Riley told me that “lesbian” was a dirty word. “In a very superficial way, it’s just not very cool,” she explained. “It’s a porn category” (p.151).

In her book Shrier goes on to explain how identifying as transgender has become a form of social contagion. A significant part of that social contagion is homophobia.

LGB Alliance Australia advocates for all those confused young people, many of them same-sex attracted, who are being actively directed down a harmful ‘affirmative’ pathway. LGB Alliance Australia vehemently opposes the view that gay or bisexual people require ‘affirmative’ (corrective?) puberty blockers, hormones or surgeries.

**The evidence strongly suggests that ‘gender-affirmative care’ is in many instances a form of gay conversion therapy and the NSW legislature must challenge its advocates to provide evidence that it is not.**

The two other groups who are likely to exhibit gender dysphoria and attempt to identify out of their sex are neurodiverse people, including people on the autism spectrum, and young people who have suffered severe trauma, including sexual abuse.

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

4.1 The proposed exceptions MUST INCLUDE protections for those who hold gender-critical views in education, health, allied health and support services, including social workers, counsellors and chaplaincy. Gender-critical opinions MUST be exempted under the proposed legislation, in order to ensure peer-review can take place.

Healthcare professionals, in particular, should not be impeded by any regulations that may prevent them from exercising their professional judgment in good faith. In particular, the patient-doctor relationship must remain sacrosanct and medical professionals must be allowed to assess their patients and to recommend evidence-based action as they consider appropriate and in the best interests of their patients. This is not currently the case in Australia, as 'gender-critical' views are not protected.

For example, Dr Jillian Spencer, a senior staff specialist in the Queensland Children's Hospital (QCH) psychiatry team, was suspended from clinical duties in mid-April after she raised concerns about the use of puberty-blockers without an appropriate mental health assessment. The QCH employs a universal 'gender-affirmation' approach despite the fact that this practice lacks evidence of benefit and is widely reported to cause harm.

[https://www.hrla.org.au/queensland\\_child\\_psychiatrist\\_challenging\\_gender\\_ideology](https://www.hrla.org.au/queensland_child_psychiatrist_challenging_gender_ideology)

4.2 It is essential that current research and researchers who investigate the failures and inadequacies of 'gender-affirming care' be protected, and be able to report freely on their research in the public sphere.

4.3 It is essential that detransitioners and desisters be protected and enabled to litigate against those who have caused them irreversible harms and damage, including sterility, loss of bodily function, life-long drug dependency and medical and surgical complications.

4.4 Any proposed Bill should exempt teachers, educators and educational support staff.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

It is the case that gender advocates have used such laws in other jurisdictions to pursue malicious complaints against professionals. Gender-critical opinions are not protected by law in Australia. The legislature should be aware of the following small sample of cases in which professionals have been vindictively pursued for holding gender-critical opinions:

- a. Dr Az Hakeem, a psychiatrist formerly of the Portman Clinic and an expert in transgenderism, was reported to the General Medical Council in the UK for allegedly 'practicing transgender conversion therapy.' The GMC elected not to investigate the malicious complaint:  
<https://sex-matters.org/posts/healthcare/conversion-therapy-or-just-therapy/>
- a. Sonia Appleby, the safeguarding lead at the Gender Identity Development Service in London, was awarded damages by an employment tribunal after it was proven that the Trust actively tried to prevent Ms Appleby from carrying out her role, as her safeguarding concerns were deemed non-affirmative.  
<https://www.bbc.com/news/uk-58453250>
- b. Associate Professor Holly Lawford-Smith has been investigated, and cleared, by her employers at the University of Melbourne for her gender-critical views.  
<https://hollylawford-smith.org/>
- c. Dr Almut Gadow was sacked from her position as a Professor of Law at the Open University (UK) for objecting to a curriculum that indoctrinated students in gender identity theory. Dr Gadow is in the process of litigating against her former employers. Details of the case were reported by the *Daily Mail*.  
<https://www.dailymail.co.uk/news/article-12422831/amp/Law-lecturer-claims-sacked-Open-University-questioning-gender-identity-curriculum-requirements-felt-normalised-child-sexual-exploitation.html>
- d. Professor Jo Phoenix was de-platformed by the University of Essex and subsequently hounded out of her job at the Open University for presenting her 'gender-critical' research in criminology.  
<https://www.theguardian.com/education/2020/jan/14/sacked-silenced-academics-say-they-are-blocked-from-exploring-trans-issues>
- e. Professor Kathleen Stock was hounded out of her post as a Professor of Philosophy at Sussex University for her carefully considered opinions on sex and gender.

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

<https://www.theguardian.com/education/2021/nov/03/kathleen-stock-says-she-quit-university-post-over-medieval-ostracism>

- f. In May 2021 the University of Essex published a review by barrister Akua Reindorf concerning the 'deplatforming' of two academics because of their 'gender-critical' views. The University apologised to the two academics and says that it is working to remedy the deeply concerning issues raised by the review.
- g. James Esses was expelled from his university course for launching a public petition trying to safeguard therapy and counselling for vulnerable children with gender dysphoria.

<https://www.crowdjustice.com/case/expelled-university-free-speech/>

4.5 The Bill must exempt LGB community organisations which seek to offer support to people distressed about their sexuality and/or gender. In the UK the LGB Alliance was persecuted by the trans activist charity Mermaids, which tried to have the LGB Alliance's charitable status revoked for simply advocating for same-sex attracted people.

<https://lgballiance.org.uk/defend-our-charity-status/>

4.6 To repeat, all mental health and allied health professionals should be exempted. It is currently the case that disciplinary proceedings can be taken against a health practitioner who provides services in an unethical manner. Legislation directed towards health professionals is unnecessary, risks over-reach and is a form of political interference in health care.

**5 Are there any practices captured by these exceptions that should not be? If so, please provide some examples.**

5.1 The NSW government must not put into law 'affirmative' regulations that will bring about de facto self-ID legislation. The queer organisations which are pressing for such regulations DO NOT represent the majority of LGB people. LGB people are reliant on sex-based laws to secure our rights. Without very clear sex-based protections in law, LGB people, and lesbians in particular, will be unable to secure our rights in law to freely associate. This point is evidenced by the recent application of a lesbian community group in Melbourne, which has been forced to apply to the Australian Human Rights Commission for an exemption from anti-discrimination laws to hold an event open only to same-sex attracted, biological women, i.e., lesbians.

As Chip Le Grand reports: 'The proposed "Lesbians Born Female" event in Melbourne to mark this year's International Lesbian Day looms as a national test case in the clash between women's rights and transgender inclusion, with the organisers seeking the right to bar men, straight and bisexual women and transgender women from attending.'

<https://archive.li/YTjjH>

The above case is yet another example of discrimination against lesbians, as a result of 'inclusive' discrimination laws.

No natal male should ever be in attendance at a lesbian event. Lesbians should never have to apply to the Australian Human Rights Commission to hold a same-sex event. The NSW government should not repeat the mistakes of the Victorian government by enacting laws which create a rights conflict between women, including lesbians, and the TGD community.

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5.2 To repeat, there is significant evidence to suggest that experimental transgender medicine (euphemistically and misleadingly called 'gender-affirming

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

healthcare', GAH) is itself a conversion practice for distressed homosexual youth. Homosexual young people are dramatically over-represented at gender clinics. Many detransitioners have reported that they attempted to 'trans away the gay'; that they subjected themselves to experimental medical and surgical procedures out of internalised homophobia and a desire to appear straight to themselves and the wider world.

It is (deliberately) difficult to determine precisely how many Australian children have been medically transitioned because the gender clinics have not collected comprehensive data. As Julie Szego points out, Dr Michelle Telfer told the ABC's Australian Story in May 2021 that more than 1000 children had received hormonal treatment at Melbourne's Royal Children's Hospital (RCH). In the same year, 402 minors from Australia's five main hospital-based youth gender clinics were on either puberty blockers or cross-sex hormones, according to figures obtained under Freedom of Information legislation by NSW Labor politician Greg Donnelly, and compiled by Professor Dianna Kenny. Kenny says the figures are likely an underestimate because they do not include drugs bought from outside hospital pharmacies. Nor do we know how many children with gender dysphoria access hormonal treatments from community or regional clinics.

For vulnerable young people, gender identity ideology gives legitimacy to the view that homosexual people are 'born in the wrong body,' and that their bodies must be medicalised, sterilised and surgically modified in order to make them appear straight. This is gay conversion therapy. Unfortunately, there are a significant number of homosexual young people willing to cosmetically alter their bodies in order to appear straight to the wider public. This is a pathological response to widespread homophobia and it is not uncommon.

5.3 State legislatures across the world have routinely ignored the issue of detransitioners, those who have become reconciled with their natal sex and ceased taking cross-sex hormones. Many detransitioners are homosexual and reveal that they were suffering from severe internalised homophobia prior to receiving 'gender-affirming treatment.'

The number of young people detransitioning (reaffirming their natal sex) also appears to be increasing. Detransitioners are now sharing their stories online and entering therapy. Although there is still little research on this population, discussions of individual cases are available (Withers [2015](#), [2020](#); Levine [2017](#); D'Angelo [2020](#); Korpaisarn & Modzelewski [2019](#); Turban & Keuroghlian [2018](#); Marchiano [2017](#)). Detransition has also begun receiving increased attention in the clinical literature

## Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper

(Butler & Hutchinson [2020](#); Expósito-Campos [2021](#); Entwistle [2021](#); Guerra et al. [2020](#)).

The testimonies of detransitioners tell us that gender-distressed youths are often misdiagnosed, the radical surgical and medical treatments are experimental and unevidenced and that these affirming treatments often have devastating lifelong physical consequences, including sterility.

**Importantly, there are no reliable diagnostic tools to predict which patients will regret taking puberty blockers and cross-sex hormones and undergoing radical surgeries. And, there are no reliable measures of regret for transgender medical patients, as these patients are not routinely followed-up by medics or gender clinics.** The growing number of detransitioner testimonies available on such online forums as Post-Trans, indicate the problem. (<https://post-trans.com/> Date Accessed 22.08.2023).

Publicly available testimonies from those who have undergone medical and surgical 'gender transitions,' such as Keira Bell (UK), Simone Watson (UK) Chloe Cole (USA) and Jay Langadinos (Aus), suggest that legislatively enforcing 'gender-affirming care' through anti-conversion bills is a fundamental error in judgment, as their experiences directly challenge the assumption that affirmative care is accurate, evidence-based and harmless.

For example, in 2022, Sydney woman Jay Langadinos [sued](#) psychiatrist Patrick Toohey for allegedly prescribing cross-sex hormones and transgender surgery following a single consultation. By the age of 22, Langadinos was on testosterone and had had her breasts and uterus removed. About four years later, while undergoing therapy with a new psychiatrist, Roberto D'Angelo, she came to realise 'she should not have undergone' the interventions, according to her Statement of Claim filed in the NSW Supreme Court. Now in her early 30s, the knowledge she can't have children is 'devastating.'

<https://archive.li/CjgKj>

**SOGICE Survivors calls for the professional prosecution of mental health providers who attempt to offer support to those with gender distress.** For example, the SOGICE Survivors website recommends: 'Trans and gender diverse people who experience opposition from clinical psychologists or social workers in relation to their gender identity should contact the relevant psychology and social work peak bodies to report these instances. While these experiences may not

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

necessarily represent conversion ideology or practices, they are certainly in violation of existing professional standards.'

LGB Alliance Australia does not believe that the support offered by clinical psychologists or social workers in relation to gender identity should be criminalised.

Legislatures must be very wary of inadvertently interfering in the rights of adults, who may seek to explore their gender-related thoughts and feelings with trained and registered professionals.



**6 Are there any practices where you are unsure whether they would fall under this exception?**

6.1 As Belle Lane has examined in her extensive report on gender-questioning children in the Family Law Courts, gender identity has become a highly contested area of Family Law, which often has devastating consequences for the parents and children involved.

<https://drive.google.com/file/d/16bpYyK8-jycJrGBYwvyCaymOqnqVcQY1/view>

As Lane notes: 'In an adversarial system, the court relies upon parties and their expert witnesses to bring this information before it, so that it can make decisions in the best interests of children...Until recently this has not occurred, and the court has been left without evidence of the raging international and national debate about the evidence base for gender-affirming treatment.'

An Anti-Conversion Practices Bill will create significant difficulties for parents who disagree on a treatment pathway for a child suffering from gender distress. By outlawing an attempt to discuss and to examine the root causes of gender distress, it is possible that the legislature will inadvertently pit children against their parents and further complicate the just assertion of both parental rights and the rights of the child.

6.2 It is possible that any form of pastoral counselling offered by schools, colleges and universities may be caught by this ill-defined legislation. Indeed, tertiary educational institutions appear to be a particular focus of trans activist groups such as SOGICE Survivors. However, the legislature must be aware that measures around securing academic freedom apply.

6.3 It is possible that social workers may be accused of 'conversion' therapy under the proposed legislation, if they challenge the root causes of gender distress in the young people that they work with, which may have little to do with sexual orientation or gender identity but may be related to trauma or abuse.

6.4 It is possible that community groups, especially LGB support groups, may be caught under this proposed legislation, as gender identity ideology is inimical to a sex-based understanding of sexual orientation. LGB organisations may therefore be prosecuted on the basis of 'failing to affirm' a person's gender identity, or 'suppressing' a person's gender identity for failing to include heterosexual people in same-sex events. To repeat, in the UK the LGB Alliance were persecuted by the trans activist charity Mermaids, who tried to have their

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

charitable status removed for simply advocating for LGB people:  
<https://lgballiance.org.uk/defend-our-charity-status/>

### **7 Are there any practices where you are unsure whether they would have a primary purpose of changing or suppressing an individual's sexual orientation or gender identity?**

7.1 The NSW government's own unstable and circular definition of gender proves the difficulty in this area. The proposed legislation seeks to outlaw a 'purposeful' practice which it cannot clearly define. For example, if one's sense of gender, or gender expression, can be subject to change, over time from a subjective point of view, how can a prosecutor establish that an external party was responsible for bringing about this change?

7.2 Similarly, the government's decision to include 'gender-affirmation' as a primary goal of this legislation calls into question the ability of individuals and organisations to refuse to affirm what is ultimately a subjective feeling. For example, does a natal male, who identifies as a lesbian, have the right to access same-sex spaces and events on the basis that such events will 'affirm' his identity? Could LGB event organisers be prosecuted on the basis that they 'suppress a person's gender identity' by excluding natal men from lesbian events?

### **8 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?**

8.1 One of the key problems in this proposed legislation is the definition of 'harm.' LGB Alliance Australia is very concerned that the ever-expanding definition of 'harm,' which may include psychological and emotional distress, is far too diffuse for a legal statute and may impinge on freedom of speech, opinion and association.

8.2 The NSW government needs to accurately define and to determine 'harm' as an objective state, and not a subjective feeling.

8.3 The NSW government should NOT seek to criminalise those whose words or opinions cause emotional or psychological distress. This is a deeply concerning overreach by the legislature.

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

9.1 There should be no criminal law response to alleged 'conversion practices.' The only response that should be considered by the legislature is an educative one, as currently offered by the Human Rights Commission.

10 Do you support the extraterritorial application of the offence?

No. The LGBAA does not support the extraterritorial application of the proposed offence for the simple reason that activists could seek prosecution of those offering gender-critical opinions in other jurisdictions. This is an absurd overreach by the legislature. The legislature is seemingly unable to define 'linked or connected practices,' and, as such, this inexact term is open to abuse.

11 Do you support the proposed mental element?

No. The LGBAA does not support the 'mental element' as this is a condition ripe for abuse and malicious application, especially against those seeking help and support for gender-distressed young people.

As it stands, the proposed mental element will criminalise ALL mental health practitioners and support workers, including counsellors, ***who seek to reduce gender-related distress.***

12 What would you consider to be 'intention' to change or suppress the sexual orientation, gender identity or gender expression of a person?

12.1 It must be understood by the legislature that clinicians attempting to reduce psychological and emotional distress in gender-confused youth will necessarily seek to achieve gender congruence, or the alignment of one's mental state with the reality of one's body. In this sense, the intent of the clinician is to reduce the intense psychological and emotional distress of the patient. The effect of successful therapy will necessarily entail a change in the patient's understanding of gender and gender identity. This proposed legislation may therefore criminalise the successful application of 'watchful waiting' talking therapy. **It is not the role of the legislature to prescribe or proscribe mental health treatments for either the LGB or the TGD communities.**

12.2 Overwhelming clinical evidence suggests that gender distress in young people resolves with puberty. Clinicians have, therefore, traditionally adopted an intentional 'watchful waiting' approach. However, due to the pressure from activists and pharmaceutical companies for medics to adopt an 'affirmative,'

## **Response to the NSW Banning LGBTQ+ Conversion Practices Consultation Paper**

aggressively interventionist approach, it is now the case that intentional 'watchful waiting' – allowing puberty to take its course – is seen by activists as a form of conversion therapy.

12.3 No single standard or definition of 'intention' can accommodate the fundamental conflict between a sex-based and a gender-based understanding of the human person and her or his experience. Intention will be construed differently depending on which of these standpoints one assumes, such that legislating a standard or definition of intention in the context of 'conversion practices' would be tantamount to legislating a belief. Law's province lies within the realm of publicly available and verifiable facts, which are the foundation on which it lays claim to the public's assent and respect. The proposed Bill should therefore have regard only to objectively defined standards of harm, such as made and make historical conversion practices repugnant and place them within the province of law; not to intention, which, in the present context, can be given only subjective and irreconcilable definitions.

### **13 Are there any practices where you are unsure whether there would be an intention to change or suppress the sexual orientation, gender identity or gender expression of a person?**

13.1 Under the proposed legislation, anyone from whom advice, evidence or support for issues around sexual orientation or gender identity is sought may be prosecuted, if it is deemed that the party offering support was not immediately and unquestionably affirmative and this is taken to signify an intention to change or suppress a sexual orientation, gender identity or gender expression. This absurdly broad definition may include any action including refusing to use preferred pronouns, accidental or intentional 'misgendering,' or excluding a person from a single-sex event or space.

13.2 The NSW government appears to want to police LGB and TGD communities by imposing laws and compliance around what are deeply personal issues, which often require years of information gathering to counteract social stigma and culturally enforced shame.

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

No. We do not believe that this to be an appropriate legislative response. Is there evidence of this practice taking place? What constitutes a conversion practice in other jurisdictions? If a person is taken from NSW against their will, this offence is already covered by criminal statute.

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

15.1 'Engaging a person outside of NSW to provide or deliver conversion practices' is a loose and indeterminate phrase unsuitable for legislation. For example, this oblique phrase may be used by gender advocates to persecute therapists offering online support to people suffering distress about their gender or sexuality. As such, it should be strictly avoided.

**16 Should the civil prohibition apply to providing or delivering conversion practices, wherever they occur?**

No. The NSW government should concern itself with illegal practices within NSW. It is not the role of the NSW government to pursue practices occurring beyond the borders of NSW.

The government has provided no adequate evidence that any off-shore 'conversion practices' have caused serious harms to residents of NSW.

Any such proposal will be used and exploited by bad-faith actors. The NSW government MUST NOT abet such bad-faith actors.

**17 Should conversion practices be defined consistently across criminal and civil law?**

17.1 No. It should not be the case that criminal law is applied to ‘conversion practices,’ not least because survivors often testify that they voluntarily participated in conversion practices. **Such an unnecessary over-reach may result in the criminalisation of fellow victims, who participated in group practices.**

For example, the *Preventing Harm, Promoting Justice* report issued by the Human Rights Law Centre, and cited by Amnesty amongst many others, details the experiences of Louisa, who, though a victim of conversion therapy herself, attempted to ‘convert’ a gay friend at university:

Louisa, like Sara, expressed deep embarrassment and shame at having promoted ex-gay ideology in the past and the effects this had on others who were already vulnerable and suffering under the weight of these beliefs and practices. I talked to [a university friend] because I had found out about this ex-gay stuff, and if you do this, do this, you’ll change. And I remember talking to him with this fervour ... I had this information and I spread harmful information to someone else. I think about that regularly. I have dreams in which I apologise to him, whenever I come across him ... I’m really ashamed ... [He] was so vulnerable, and here I am telling him, ‘Yeah, maybe you shouldn’t just be gay and you should change.’ That’s horrible, horrible. Yes, I believed it, I guess. And I’m kind of embarrassed about it but I didn’t know much better. That’s the kindness you have to show yourself, ‘I didn’t know any better’ (p. 27).

**It is entirely possible that the proposed legislation could be used to prosecute a victim like Louisa.**

17.2 There is a distinct danger that gender advocates will use any criminal statute to persecute those with alternative or gender-critical opinions. The law should never be used in this manner.

**18 What, if any, changes should there be to the ADNSW complaints process to deal with conversion practices complaints? For example, are changes needed to:**

**a) who should be able to bring a complaint**

Yes, an individual must be required to meet an objective standard of proof that they have suffered direct and serious harm as a result of conversion practices. LGB Alliance Australia does not think it appropriate that groups or activists be permitted to weaponise the complaints process to raise spurious allegations against those with whom they merely disagree or who disagree with them.

**b) powers available to deal with complaints, including the discretion to decline a complaint where the conduct occurred more than 12 months ago.**

The ADNSW must have the power to decline a complaint over 12 months old, as the definition of 'conversion practices' has changed so substantively in recent years.

**c) the role of the NSW Civil and Administrative Tribunal, including how a complaint is substantiated and the orders it may make?**

The Anti-Conversion Practices Bill is designed to create an undemocratic, unelected quango with extraordinary powers of prosecution over those working in religious institutions, educational institutions, health care, mental health and those within the LGB and TGD communities. Under no circumstances should an unelected, publicly unaccountable body be able to issue judgments over the opinions, identity claims and feelings of others.

**19 Should complaints be able to be referred to other bodies?**

There are adequate protections under current discrimination law. Complaints should be referred to the AHRC, or the ADNSW, which should be adequately staffed and funded to thoroughly investigate all such claims.

**20 Should a civil complaint process be available where a matter is being investigated by police, or criminal proceedings are ongoing?**

No. The police must be allowed to conduct their investigations free from the potential influence or implications of a civil complaints process.

**21 Should the Anti-Discrimination Board's general functions be adapted to enable it to address systemic concerns about conversion practices?**

No. There is simply no evidence that 'conversion practices' are a live and current issue for any community in NSW.

The legislature MUST NOT seek to change and adapt current institutions for a practice for which there is only historical evidence. Any such changes will be exploited by bad-faith actors who are seeking to embed gender-identity ideology in institutions across Australia.

**22 What other issues should be considered in the development of a civil response scheme?**

The government appears to be using anti-discrimination law for social engineering purposes.

Any civil response scheme should focus on education and evidence.

The proposed legislation far exceeds what would be necessary to combat 'conversion practices,' if such practices were even proven to be of ongoing concern within the community.

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

Yes, LGB Alliance Australia believes that the current regulatory framework is sufficient for protecting patients and exposing bad practice.

The State legislature MUST NOT seek to interfere in the evidenced-based care provided by health professionals.



**24 Do you support a delayed commencement period?**

LGB Alliance Australia believes that the NSW government must carry out a judicial review of the research in this area. The proposed legislation should NOT proceed in its current form.

The proposals lack evidence and the NSW government has failed to consult widely with direct stakeholders such as LGB Alliance Australia.

LGB Alliance Australia does not understand the secrecy and speed of the proposed legislation, as there does not appear to be sufficient evidence that residents of NSW are actively being harmed by so-called 'conversion practices.'

There are many public bodies, including RANZCP, which are currently reviewing evidence with a view to amending their public position on gender-affirming care. Such professional organisations must be allowed to continue their review process without being undermined by political interference in the form of the proposed legislation.

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

25.1 The NSW Government should begin an immediate judicial review of the evidence provided in support of this legislation.

25.2 The NSW government must consult with 'gender-critical' groups such as LGB Alliance Australia about this legislation, as this type of legislation directly affects our members.