

Submission to
Health Legislation Amendment Bill 2019

Queensland Baptists

24 December 2019

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee
Parliament House
George Street
Brisbane Qld 4000

health@parliament.qld.gov.au

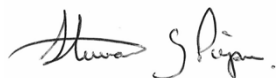
Dear Sir/Madam,

On behalf of the Queensland Baptists Board I welcome this opportunity to make a submission regarding the Health Legislation Amendment Bill 2019.

Each week over 35,000 men, women and children attend a Queensland Baptist Church across the state. Baptist Churches have a long history in Queensland with one of the primary reasons the movement developed as a distinctive Protestant group being our strong and enduring commitment to the principle of religious liberty for all.

Please feel free to contact me should you require any further information or clarification on our submission.

Yours sincerely,



Rev Stewart Pieper

(Director of QB Services)

[Redacted]

Email:

M [Redacted] | P [Redacted]

Thank you for the opportunity to comment on the Health Legislation Amendment Bill 2019, in particular the amendment to the Public Health Act 2005 to ‘prohibit the practice of conversion therapy by health service providers in Queensland’.

We are concerned about the broad definitions and the potential for the bill to be counterproductive to the health and wellbeing of Queenslanders. The Latrobe University, Preventing Harm, Promoting Justice Study¹ informed the definitions used in the bill but it provides no examples of coercive conversion practices occurring in Queensland.

Given how broad “Health Service” and “Health Service Provider” is defined (essentially any individual or entity that provides a service for maintaining, improving, restoring or managing people’s health and wellbeing), the proposed Bill potentially infringes upon religious freedom to provide counselling or pastoral services that accord with Christian beliefs.

The bill also defines ‘conversion therapy’ very broadly as any ‘treatment or other practice that attempts to change or suppress a person’s sexual orientation or gender identity’. This definition would effectively make any attempt to re-orientate a confused child back to a gender identity congruent with their chromosomes illegal.² It also leaves no room for exploratory psychotherapy to help adults understand why they may feel they are in the wrong body.

Parents seeking a doctor or counsellor’s help for their young child who is confused about whether they are a boy or a girl, will find their options limited, despite the fact that medical professionals are advising against an affirmative response as the only valid response in regard to transitioning gender.³

The evidence of those who have de-transitioned suggest that the gender change affirming counselling many received was inappropriate and caused them harm⁴. Many professionals in the fields of pediatrics, endocrinology and psychology are publicly expressing doubt regarding children accessing transgender medical treatment. The uncertain benefits and risks in gender treatment has led the National Association of Practicing Psychiatrists to call for a broad inquiry into this global debate.⁵ Pediatricians and endocrinologists are suggesting that most children

¹ Jones, T, et al. Preventing Harm, Promoting Justice: Responding to LGBT conversion therapies in Australia. A joint initiative of the Human Rights Law Centre, Gay & Lesbian Health Victoria and La Trobe University. 2019.

² <https://www.theguardian.com/lifeandstyle/2017/sep/16/transition-caused-more-problems-than-it-solved>

³ <https://www.acped.org/gender-dysphoria-in-children-summary-points>

⁴ According to a survey of people detransitioning, only 12% of respondents claimed to have received adequate counselling prior to transitioning. <https://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>

⁵ <https://www.transgendertrend.com/current-evidence/> [https://www.theaustralian.com.au/nation/psychiatrists-push-for-inquiry-into-transgender-treatment/news-story/c77ce6baf3f4857e85760b4c529e0347,](https://www.theaustralian.com.au/nation/psychiatrists-push-for-inquiry-into-transgender-treatment/news-story/c77ce6baf3f4857e85760b4c529e0347)

who identify as having gender dysphoria, and who are allowed to proceed through puberty without medical or surgical intervention, revert to identifying as their biological sex:

*Simple math allows one to calculate that for natal boys: resolution occurs in **as many as** $100\% - 2.2\% = 97.8\%$ (approx. 98% of gender-confused boys). Similarly, for natal girls: resolution occurs in **as many as** $100\% - 12\% = 88\%$ gender-confused girls.⁶*

People who have undergone medical and surgical transgender treatment and who subsequently regret this treatment should be free to discuss this with their physicians. Under this bill, the medical practitioner involved could be mis-labelled as having participated in 'conversion therapy'. For this reason, 'conversion therapy' should not include the communication of a Health Service Provider's beliefs pertaining to sexual orientation and gender identity.

Children and adolescents may temporarily have thoughts of wishing they were a different biological sex and this can be due to the influences of social contagion, a number of psychosocial factors (including sexual abuse), and the presence of mental illness. Under this bill, psychiatric assessment and treatment of children and adolescents could be labelled conversion therapy.

And what are the consequences for people with 'unwanted same-sex attraction' who wish to explore options that do not presume same-sex or trans-gender orientations as being conclusive? Are they to be denied their right to choose? This bill would prohibit anyone from seeking help with unwanted same-sex attraction or unwanted gender orientation. We would submit that the definition of conversion practices must exclude treatments and practices that explore any underlying influences on sexual orientation and gender identity, and provide understanding, empathy and support for each individual without coercion of any sort, or any unwanted treatment.

In closing, we would ask the committee to consider the very real danger this bill introduces for health practitioners, using conventional clinical methods, to be at risk of criminal prosecution when caring for patients with sexual orientation or gender identity concerns. Unless conversion practices are narrowly and clearly defined in this bill, then health practitioners using established approaches to assessing and treating gender dysphoric patients may find themselves in breach of this law which potentially labels the conventional process of assessment and treatment of gender dysphoria as 'conversion therapy'.

The unintended consequence of this bill could see patients, and in the case of children, their parents, being denied access to appropriate treatment in Queensland.

<https://www.dailymail.co.uk/news/article-7505617/Professor-John-Whitehall-doctors-want-parliamentary-inquiry-childhood-gender-dysphoria.html>

⁶ <https://www.acped.org/the-college-speaks/position-statements/gender-ideology-harms-children>