From:	JOAN HALIBURN
To:	Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Cc:	health@parliament.vic.gov.au
Subject:	Childhood Gender Dysphoria - Inquiry
Date:	Friday, 3 January 2020 8:51:16 AM

Dear Premiers

I have recently become aware of the forthcoming inquiries in your states into Childhood Gender Dysphoria, and feel that it is imperative for me to respond.

I am a child and adolescent psychiatrist qualified with the College of Psychiatry (RANZCP) IN 1987 and have worked in both public and private practice and with the University of Sydney.

I have personal experience of consulting with children and adolescents with gender confusion and dysphoria, noting an increase in the last 10 years. They usually are brought by a parent with depressive illness or anxiety disorders, and in the course of assessment, I begin to hear of their gender concerns. It is my duty first to assess whether the presenting problems are as a result of unacknowledged gender concerns or a primary illness in its own right. When I assess it being the result of the former, I refer them to the Gender Centre, and when it is a result of the latter, I treat the condition with medication/psychotherapy which is essential and when that has improved revisit the gender concerns more directly. When it still is present I include a parent/s to discuss the child's concerns and make a referral to a gender centre.

I wish to inform you that a few years ago, I was treating a set of identical twins for a primary psychotic illness after they were hospitalised and discharged. They revealed that they were female and not male which was their assigned sex. They were seen by the gender centre and a regime of treatment to reassign their sexes was initiated. I heard three months later that they had committed suicide together. The suicide rate as you would be very aware is quite high in these children.

My reason for telling you this is the fact that we need more research into this area, because the type of treatments that are recommended do have deleterious effects on the developing brain, and we could in fact be harming these young children if we do not rigorously follow certain guidelines, set up by the relevant colleges into the management of gender dysphoria. This would be the scientific response to children who are so badly in need and look to us for help.

The government's response is a result of certain vested interests - it is not uncommon when people have experienced torture and trauma in their own growing years, either from non-recognition or from ill-informed attempts to administer "conversion therapy" to change their minds and not their bodies, they seek to "save" coming generations, with the view that they are doing "good". This is dangerous. Any legislation should seek consultations with scientific bodies and with the relevant communities.

Gender dysphoria is not a mental illness, and those who say that psychotherapy is aimed at changing their views about themselves, are wrong and their aim is right the wrongs done to themselves not to the current generation. This must be seriously accounted for. They are creating unnecessary concern by reminding us of the "dark-ages" when professionals were ill-informed, held religious convictions on such issues, or were rigid in their beliefs.

It is my view and those of my colleagues that psychotherapy and family therapy is an

important component of addressing these issues, as they are often in turmoil which is understandable and need to stabilise, because the family is the backbone of the child and it is the family that supports the child until he/she is developed enough to be independent. The family is often the only constant in the lives of these children - not LGBTQI communities, not psychologists or psychiatrists, and definitely not the GOVERNMENT. i say this respectfully, as we know it is a fact.

We need more scientific research, before we become responsible for another set of problems created by us in the name of social good.

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Thank you for reading: Yours respectfully

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