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Stephanie Hughes

[redacted]

On behalf of:

Fair Go for Queensland Women

[redacted]

Fair Go for Queensland Women

Dear Members of the Committee,

Thank you for considering this submission regarding the *Health Legislation Amendment Bill 2019*, particularly in relation to Part 5 (*28*). We are available to provide further context and evidence should you wish.

We support restrictions being placed upon conversion therapy practices related to sexual orientation (ie: homosexuality, heterosexuality, bisexuality), although we query whether this is a significant and current practice in Queensland.

We ask that that the Bill refer to sex-based attraction specifically, and not related to 'gender'. We query whether the change in definition, from 'sex-based' to 'gender' is supported by evidence (including whether this change in definition was discussed and agreed upon at the Roundtable), or public opinion.

We submit that 'gender identity' should be removed from this Bill. We submit that gender identity practices are, in and of themselves, conversion practices that arise from a perception that the individual is 'not ok' as they are and they must change.

We submit that there are robust discussions that need to occur prior to consideration that 'gender identity' be endorsed as a legislatively unassailable concept and by extension, affirmative practices in relation to 'gender identity', as this Bill suggests.

We note that the documents referred to in the *Explanatory Notes*[1] do not provide current evidence of conversion therapy practices being undertaken by health service providers in Queensland, or significant occurrences in Queensland. We query the necessity of this legislation on that basis.

One of the documents referred to as evidence in the *Explanatory Notes* specifically states that no studies have been undertaken to identify prevalence of conversion therapy in Australia as it pertains to 'gender identity'[2]. Given this, we ask the necessity of this legislation and upon what grounds the Bill provisions related to gender identity is presented.

We submit that in its current form, this Bill effectively removes safeguarding and exposes Queenslanders, particularly gay and lesbian Queenslanders, vulnerable people and children, to harm.

<u>The identified issues, rationale and recommended adjustments are as follows:</u>

Identified issue

Chapter 5B 213E: The definition of sexual orientation which uses 'gender' instead of using 'sex', terminology already accepted in legislation, policy and in the public perception.

Rationale: Homosexuality and other sexual orientations are on defined the basis of sex, not gender.

Homosexuality, Heterosexuality and Bisexuality continue to be recognised sexual orientations / sexualities in other legislation, public discourse and in the dictionary[3]. Indeed, it was not all that long ago that the entire nation voted to support same-sex marriage. These orientations and the public perception of sexual orientation is based upon sex, which, in humans, is male and female, XY and XX (and permutations of those categories as a result of Differences/disorders of sexual development, sometimes referred to as intersex conditions), and is immutable[4]. Gender refers to 'masculinity and femininity', is subjective, may change over time, is not the same concept as sex and as such, should not be included in this definition.

We confirmed with Queensland Human Rights Commission on 28 November 2019 that it is in contravention of the *Anti-discrimination Act 1991* for a male person to suggest that they are a lesbian and seek to harass a lesbian woman to try and coerce her into engaging in sexual activity with them. This change of definition signifies that a male can 'self-identify' as a lesbian, which is not in keeping with the current legislation, public perception or the dictionary definition of lesbian. Making the change as outlined in the Bill will in effect *enable* medical practitioners to engage in conversion therapy of homosexual people.

Gender identity does not alter the reality of sex. If the definition of sexual orientation is to relate to 'gender', rather than sex, then it will continue to be legal to use 'conversion therapies' upon homosexual people, or in fact any person whose sexual orientation and sexuality is based upon sex, rather than 'gender'. This could play out in practice in the following ways:

- Therapists could seek to use conversion therapy practices upon female homosexuals (ie: lesbians) so that they will engage in sexual activity with male persons who identify as transgender. We submit that this is sexual orientation conversion therapy and entirely unacceptable, particularly in a Bill that purports to legislate against conversion therapy;
- a male person may claim to be of a transgender woman 'gender identity' and a 'heterosexual' or 'straight' woman under this definition. If the definition outlined in the Bill is enacted, it will be legal to utilise conversion therapy practices to coerce a heterosexual male to engage in sexual activity with males who identify as transgender.

We note that there are reports from various jurisdictions, including anecdotal evidence from Brisbane, to suggest that transgender individuals are sexually harassing and coercing homosexual people to engage in sexual activity with them, despite them not being of the same sex. We view this behaviour as homophobic and not in keeping with public conduct that supports a safe, respectful community and as such, we condemn it.

In support of the current legislation that prohibits harassment (and by extension, 'conversion therapy') of same-sex attracted people, we submit for your consideration a research study conducted in the UK, *Lesbians at Ground Zero,* which clearly outlines that lesbian women (homosexual females) are being subjected to significant pressure, harassment and coercion and even sexual assault by males who identify as transgender women and as lesbian (ie: trans women)[5].

It is imperative that 'sexual orientation' is defined in keeping with current legislation and public perception to ensure that lesbians and gay men (and indeed heterosexual people too, who are also increasingly being targeted and harassed by trans activists for their sexuality) are not subjected to coercive or inhumane practices that purport to change their sexual orientation.

Recommendation: Where intended, all legislation must refer to sex, as in male and female, removing 'gender' (ie: masculine or feminine or any subjective view of self such as 'gender identity').

Where the Bill refers to sexuality and sexual orientation, it should refer to homosexuality (same sex), heterosexuality (opposite sex) and bisexuality (both sexes), as accepted terms used in general parlance and other policy and legislation.

We note that the *Explanatory Notes*[1] refer to 'same-sex attraction' and 'heterosexuality', suggesting that those terms were used in the Roundtable discussions regarding this Bill. We ask if the roundtable participants were party to discussions regarding the terminology change from 'sex' to 'gender' in the Bill proposed and made aware of the flow on effects of such a change. The use of the terms same-sex and heterosexuality in the *Explanatory Notes*[1] calls into question whether discussions occurred in the Roundtable regarding the departure from the accepted definition of sexual orientation. Certainly, we have observed no evidence to suggest that the Queensland Government has made these implications clear to the public.

We submit that this legislation must, as a matter of course, uphold the accepted definition of homosexuality in order to be applicable for its intended purposes. Further, when there is evidence to indicate that gender ideology is being used to enforce social conversion upon people of all sexual orientations, we submit that this issue must be reviewed and assessed separately to conversion therapy as it related to sexual orientation.

Going forward, no legislation, policy or Bills should be tabled or considered where they diminish, degrade, insult or humiliate women and girls as a sex-class. For example, no legislation, policy or bill should be presented where the same-sex attraction of lesbians is not clearly identified. No legislation, policy or bill should be presented to the effect that being a woman or girl is an identity that can be assumed by a male person.

Identified issue

Chapter 5 213F(2)

Rationale:

We submit that 'gender identity' and the premise behind it is, in and of itself, a form of conversion. Transgender ideology posits that if a person does not conform to gendered stereotypes they are not ok as they are but must 'transition' or claim a 'gender identity' contrary to their objective sex. A synonym of conversion is 'transition', a process that some would contend is necessary for children and adults who have a subjective perception that their sex and gender identity do not align. We submit this is evidence to demonstrate that rather than a concept that requires legislative protection, gender identity should in fact be reviewed and considered in terms of whether it should be encouraged or promoted at all. Further, we contend that there is no long-term evidence supporting the use of social or medical interventions to support 'gender identity' and that these practices will, in time be recognised as self-perpetuating (in the case of social transition), dangerous and harmful.

The Bill notes that 'gender identity' is a subjective concept. We would concur. Further, it is noted that while some may have a subjective view of their identity, that does not alter their sex. There is no way to materially alter sex and there is no research or evidence to support that humans can change sex. We argue that the wording of the Bill suggests that changing sex is possible and enshrines this fallacy in law.

The articles relied upon in the *Explanatory Notes* do not refer to any research to indicate that 'conversion therapy' practices are an identified or widespread issue pertaining to 'gender identity'[1]. Indeed, the UN article[6] notes "There is mounting concern about so-called "conversion therapies" intended to "cure" homosexual attraction. Such therapies have been found to be unethical, unscientific and ineffective and, in some instances, tantamount to torture – leading to successful

legal challenges and bans in several countries. In Ecuador, concerns have been raised about "rehabilitation clinics" where lesbians and transgender youths have been forcibly detained with the collusion of family members and subjected to torture, including sexual abuse (p.14)."

The article is speaking here specifically about conversion therapy being utilised in relation to sexuality and same-sex attraction, not 'gender identity. We submit that 'some concerns' in Ecuador does not equate to a mandate in Queensland. A footnote in that same article refers specifically to gender reassignment surgery being used as a 'conversion therapy' method enforced upon homosexual people[7].

Transition is sometimes suggested as a means for some to 'normalise' their homosexuality or gender non-conforming behaviour. For example, Hannah Gadsby in Nanette spoke about how a large social media company suggested she should 'come out' as a 'transgender man'[8]. Ms Gadsby relates in her performance of Nanette that the social media company sent her an unsolicited message that said 'you owe it to your community to come out as transgender'.

We refer also to Iran, where homosexuality is outlawed but homosexuals often 'transition' or are encouraged to 'transition'[9], with the understanding that they will no longer be viewed as homosexual, should they do so. Recent reports indicate that homosexual people can access 'transition' procedures that are funded by the state.

The La Trobe article[2] also refers exclusively to religious motivations for conversion attempts. There is no information available in the *Explanatory Notes*[1] to indicate that other viewpoints (including medical ethics and radical feminist viewpoints) in relation to 'gender identity' have been considered in the proposing of this Bill and we contend this is a significant discrepancy.

Radical feminists and others have noted that transgender ideology seeks to pathologise gender nonconforming behaviour and defines even the most inane acts of gender non-conformity as being evidence that an individual is signalling gender identity or is 'transgender'[10]. Further, transgender activists and lobbyists seek legislation and concepts altered to support their views and the strategies, utilised to do so are documented here[11]. This is evidenced to have occurred in the Bill where, for example the Bill uses the term 'sex assigned at birth'. This terminology relates to draconian medical procedures that in times passed were sometimes undertaken to try and alter the outward appearance of the genitals of individuals with Differences/Disorders of Sexual Development. The sex of human infants is always decided at conception and easily observed at birth or sooner by scan in all but the most rare of instances. Similarly, we hold concerns that the Bill's proposed omission of the definition of the word 'woman' as referring to a female person is linked to attempts to progress transgender objectives in law. Radical feminists and others argue that there is nothing wrong with a male child who likes dolls over trucks and nothing can or should be done regarding this personal preference. Similarly, there is nothing wrong that needs to be 'fixed' about a female child who is assertive or rough and tumble. 'Gender identity' rhetoric, transgender ideology and practice suggests that these children are in fact 'born in the wrong body' and that 'transition' is necessary. We submit that there are no grounds to enshrine these notions in law or compel medical practitioners, or indeed anyone, to abide by them.

Recommended action: We recommend the portions of the Bill related to 'gender identity' be removed.

We suggest the Committee seek clarification regarding whether conversion therapy was discussed in these contexts during the Roundtable or did conversation centre upon religious matters. If not, why not?

We recommend that any considerations of this and other issues similar presented in the future separate entirely the issues of sexual orientation and gender identity as there are significant

differences between the two issues and impediments to the interests of homosexual people, lesbians in particular, if they are considered together.

We recommend the Committee and indeed, all Committees review the documents provided at endnote 11 in the context of the content of the Bill, the timing of the presentation of this Bill, the length of time the Bill was open for review and submission, the dearth of evidence presented to support the inclusion of gender identity to this Bill and the apparent discrepancies between definitions and terminology in the Bill, terminology as outlined by dictionaries and public perception of the intent of the Bill and those definitions queried.

Identified issue

Chapter 5B: The Bill appears to criminalise 'watchful waiting' and endorse 'informed consent'.

models of care in relation to 'gender identity'.

Rationale:

There is no long-term validation of 'affirmation' practices as a positive intervention.

There is a dearth of evidence to prove that puberty blockers and cross sex hormones are safe or in keeping with the tenet 'first, do not harm'. Many would argue that transition related to gender identity may indeed be a conversion practice that is both harmful and damaging, which is what this amendment puports to address.

There is no evidence available to indicate that 'transition' of any person, regardless of age or type of 'transition', is reliably positive. There is evidence that puberty blocking drugs should not be administered to children, as evidenced by public notices regarding the medications (medications which are currently being prescribed by Queensland Health to children). There is evidence that cross sex hormone use increases the risk of many health complications as evidenced by multiple first person accounts and research and freely available in the public domain. There is evidence that phalloplasty and other practices related to 'gender identity' can result in significant long-term health complications[x]. It could be argued that a reasonable person could object to these practices and we submit that the Bill is misguided in adding 'gender identity' as a protected concept in the Bill.

Recommended action: Remove gender identity provisions from the Bill.

We submit that prior to any legislation limiting medical practitioners from attending holistically to their patients in relation to gender identity, there must be open and objective investigation into the safety and necessity of 'transition' practices such as the affirmation model and informed consent models.

Identified issue

Chapter 5B 213(H) 3

The use of the term 'vulnerable people' in relation to 'gender identity'.

Rationale: Research has identified that significant numbers of individuals who propose a 'gender identity' have been diagnosed with or reach thresholds that may allow diagnosis for Autistic Spectrum Disorders[x]. While correlation does not equal causation, we submit that more research is required to discover the links between this phenomenon. We submit that any young person, disabled person or otherwise vulnerable person must be attended to more thoughtfully when it comes to assertions of 'gender identity' and that more rigorous assessment and intervention must

occur prior to any 'gender identity' transition processes. This Bill seeks to do the opposite. We submit also that, as a standard, persons with significant trauma histories should not be considered for intervention related to gender without prior actions to address trauma. Further research is required in this area. We submit it is not reasonable to protect 'gender identity' related to vulnerable persons in the manner set out in the Bill, as there are other compounding factors that may be contributing to the 'gender identity' views of the individual and, if those issues are adequately addressed the 'gender identity' issues may desist in tandem with those issues.

Recommended action: Remove 'gender identity' provisions from the Bill.

Identified issue

Omission of the definition of woman from the legislation.

Rationale: when the word 'woman' is under assault from transactivists, it is counterintuitive to remove a clear, concise definition as described in the current legislation. Essentially, by removing this definition, it may be said that the Queensland Government no longer believes that a woman is a female person. In terms of health services provision, if the definition of woman, meaning a female person, is removed, then it is possible that males will be able to be accommodated in women's wards, denying the rights of women for safety, privacy and dignity.

Recommended action: do not remove the definition of woman from legislation.

As noted above, we recommend the Committee make itself familiar with the contents of the Denton report, which outlines the strategies utilised by transgender activists and proponents.

Identified issue

Chapter 5B Explanatory Notes: private vs public as it pertains to 'gender identity'.

Rationale: It is not clear what this section pertains to in relation to 'gender identity'. Recent judicial events in the UK and social media attacks upon JK Rowling (among many others) suggest that some transgender activists believe a person's sex is private and their 'gender identity' is public. Further, that sex is not real, but gender is. We submit that this is not reasonable and most definitely should not be legislated. Infants can discern a person's sex, as can computer programs[13]. It is unreasonable to legislate that a health practitioner should ignore a person's sex in favour of their 'gender identity'. The potential cascading harms accompanying such a requirement are multiple and could endanger life.

Recommended action: Ensure that legislation and policy recognises that sex is a public concept and a primary means of identifying individuals, is objective and is a measurable and observable concept.

Questions for your consideration regarding the proposed addition of 'gender identity' to the Bill:

1. Does gender identity exist in a manner that can be measured or assessed? If not, how should medical practitioners proceed unless by self-declaration by the patient? In what other field is this an acceptable means of diagnosis?
2. If 'gender identity' is measured against a person's self-professed compliance with gender role stereotypes and internal feelings, how can medical professionals weigh this up against other issues such as sexual paraphilia, pornography addition, ASD or trauma?

3. If a medical or allied health professional provides accurate information to the effect that humans are not able to change sex, will that be considered 'conversion therapy' under these amendments?
4. In practice, will health professionals be able to say they do not serve males if their services relate specifically to females, for example, gynaecologists?
5. If a medical or allied health professional affirms that a child or adult who has preferences for activities that are stereotypically associated with the opposite sex is fine just as they are, will they be sanctioned under this Bill?
6. If a medical or allied health professional suggests that an adult should undertake psychotherapy to address pornography addiction, will that intervention be viewed as 'conversion therapy' if that adult desists from their 'gender identity'?
7. If a medical or allied health professional seeks to address underlying or co-occurring health or other issues, will they be able to do so being accused of or charged with 'conversion therapy'?
8. If a parent registers concerns regarding their child's 'gender identity' beliefs and does not consent to medical intervention such as 'puberty blockers', will medical professionals be able to take those concerns into account? Will Queensland Government staff consider removing children from the care of those parents based solely on that issue, ie: declining to accept or enact social transition, puberty blocking medication or other 'affirmative practices'?
9. If a medical or allied health professional seeks to undertake assessment of an individual who claims to view themselves as being the opposite sex of what they objectively are, and the service user considers any such assessment to be 'gatekeeping', could they be open to accusations of 'conversion therapy'?
10. Is there any assurance that a medical practitioner will not be coerced into supporting 'social transition', prescribing medications and performing procedures upon individuals for fear the individual will report they have used 'conversion therapy' practices? For example, a male who identifies as transgender in Canada has recently sought the services of a gynaecologist. That same male instigated human rights proceedings against multiple women who refused to offer genital waxing services. The action was purported to be on the grounds that the services were declined because of 'gender identity'. What assurance is there that this legislation will not be used in the same manner?
11. Will Queensland Government be able to refer to persons by sex rather than gender identity? If a person's sex is recorded by a medical professional Queensland Government files, will that person be able to suggest, via this Bill, that the Queensland Government has attempted to utilise 'conversion therapy' ie: *an attempt to change or suppress a person's gender identity*? If Queenslanders are recorded by gender identity rather than sex, what will become of records related to male violence, health needs and housing needs and many other public records?
12. Will Corrective Services be able to refuse or decline transfer of incarcerated males to the female estate under this Bill and legislation?
13. Will medical professionals be sanctioned for referring to the sex of patients or recommending sex-relevant procedures? Will they be able to record data related to that individual's sex?
14. What is the risk this legislation will result in health providers only providing an 'informed choice' model of care related to gender issues or not providing services at all? What evidence is there to suggest this will not happen? What evidence is there to suggest transition is in keeping with the maxim 'first do no harm'?
15. Significant anecdotal evidence exists to indicate that 'gender identity' is a means to escape homosexuality. Will people be able to work through internalised homophobia (ie: being scared to be homosexual or having an aversion to accepting or announcing their homosexuality) with health professionals under this Bill, without those professionals being accused or sanctioned for conducting 'conversion therapy' related to 'gender identity'?
16. Where a GP or other professional is aware that a person has significant comorbid mental health issues related to childhood sexual abuse, developmental trauma, post traumatic stress

disorder, complex trauma, ASD, sexual paraphilia or other issue, will the health provider or other professional be 'allowed' to refer the person to counselling or other intervention and seek to address that issue prior to referral to 'gender identity' pathways? If the health provider assesses that the discomfort being felt by the patient is related to the underlying trauma)or other issue/s) and suggests this to the patient, could they be accused of 'conversion therapy'? If not, why not?

17. Children in care, who have, by definition, either been harmed or are at risk of being harmed, are reported as having significant 'gender identity' related issues, what duty of care does the State have to ensure that issues of trauma are addressed prior to attending to subjective notions of 'gender identity'. This is not to diminish children and young people who might declare a gender identity opposing their objective sex, this is in recognition that trauma is a significant issue for this cohort and one that should be investigated and addressed by the State prior to engaging in activities that may be life-long and significant (ie: the possibility of sterility via prescribed puberty blockers and/or cross sex hormones).
18. What of parent's rights and responsibilities? Will this legislation as it pertains to 'gender identity' remove guardianship decision making responsibility from parents? If parents are not able to make decisions in the best interests of their children, but must allow medical intervention, even when they honestly and fervently believe their child will be harmed by those interventions (interventions that can result in serious negative health consequences like sterility)? Will the Queensland Government seek to remove children from their parents care if they decline to allow such procedures to occur?
19. Does Queensland Health have, and have they contributed follow up data to demonstrate that children who have been treated by the Gender clinic have achieved positive outcomes? As How has Queensland Health confirmed that watchful waiting and interventions to encourage children (and their families) to accept themselves without medical and surgical intervention are not best practice in comparison to interventions that can cause sterility, loss of bone density and other negative consequences?
20. If a male sexual offender claims to have a 'female gender identity', will medical professionals and allied health professionals be able to address the underlying issues of male pattern violence that precede sexual offending? Will Queensland Government agencies legally be able to house that male person in male accommodation without being charged with 'conversion therapy' allegations?
21. Will people be able to work through internalised homophobia with health professionals without those professionals being accused or sanctioned for conducting 'conversion therapy' related to 'gender identity'?
22. Will the invaluable work of 'Out Watch' and ANROWS be able to continue, if the Queensland Government makes legislative changes that mean 'gender identity' supplants sex in law, as appears to be the case in the Bill's definition of sexuality to refer to 'gender' rather than 'sex'?
23. How will the Queensland Government record and act upon male violence if subjective notions of 'gender' supplant sex as they have in the definition of sexual orientation?
24. If clinicians are restricted in relation to how and what issues they may investigate and treat with their patients, for fear of being charged with 'conversion therapy', this will, in effect, mean that Queensland practitioners must all recommend transitional treatments for patients if they request it. This in practice will mean that clinicians are not treating patients but are following directions from the patient. In what other field of medicine or health practice is this the case?
25. There is no long-term evidence to prove that 'affirmation' treatments are either safe, or helpful in the long term. As such, exercising prudence and care (first, do no harm) when treating patients who report feelings of discomfort with their bodies should be assessed and managed very carefully and with rigorous oversight and attention to ethical practice. Can this

occur in a climate where clinicians are not able to conduct rigorous assessment and intervention if doing so may result in charges of 'conversion therapy'?

Further recommendations:

Review the documents relied upon in the *Explanatory Notes* for their relevance to 'gender identity' and evidence that this legislative change as set out in the Bill is necessary or in the public interest.

Review the minutes, discussion and recommendations of the *Ending Sexual Orientation Conversion Therapy Roundtable* to identify the evidence, issues discussed, and relevance to 'gender identity' as well as discussion related to changes to the definition of sexual orientation from sex to gender.

Seek advice regarding evidence to support the notion of 'gender identity' as an objective, reliable legislative construct. If this is legislated here, in this way, is this a quasi 'self-identification' legislation? Further, if this is legislated here, in this way, is this legislating patient-led 'informed consent' (where patients tell the practitioner what they have been diagnosed with and the treatment), thereby removing the ability of medical professionals to utilise their training, education and judgement? Will it remove parental guardianship responsibilities and rights?

Seek evidence that 'watchful waiting' and other psychoeducational activities (such as providing advice about the immutable nature of sex) is harmful. The evidence provided only speaks of religious 'conversion therapy' but the wording of the Bill suggests other activities such as 'watchful waiting' could also be covered, what evidence is there to support that?

Seek evidence regarding long term impacts of puberty blocking medication (which is listed overwhelmingly as being not for use with children) and cross sex hormone medications. Is there evidence to suggest the use of these interventions is in the public interest or best interests of individuals, particularly vulnerable people? Seek advice from Queensland Health regarding the methods of assessment, intervention and follow up provided to clients and families engaged with the Gender Clinic. What long term evidence can Queensland Health provide to demonstrate that the methods being utilised are in the best interests of the community and individuals?

Review evidence from people who have been engaged in 'gender-affirming' practices, who have since desisted or detransitioned. IN particular, review evidence related to Rapid Onset Gender Dysphoria and the social pressure upon young homosexual women to transition.

Review long term studies regarding the impacts of puberty blocking drugs and cross sex hormones. We submit that such studies do not exist, particularly in relation to the use of puberty blocking medication on children. As such, it is unlikely that legislating the protection of such practices is indicated.

Endnotes

1. Explanatory Notes: https://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2019/5619T2183.pdf
2. La Trobe article referred to in the *Explanatory Notes:* https://static1.squarespace.com/static/580025f66b8f5b2dabbe4291/t/5bd78764eef1a1ba57990efe/1540851637658/LGBT+conversion+therapy+in+Australia+v2.pdf p18 refers.
3. https://www.qhrc.qld.gov.au/resources/for-lgbtiq-people/lgbtiq-terminology Anti-Discrimination Act 1991 defines sexuality as heterosexual, homosexual and bisexual:

4. For definitions of male and female, the dictionary refers to reproductive and other biological differences. Here is a link reporting that scientists have catalogued over 6500 differences between males and females: http://www.dailymail.co.uk/~/article-4475252/index.html and https://bmcbiol.biomedcentral.com/articles/10.1186/s12915-017-0352-z Further information: https://www.ncbi.nlm.nih.gov/books/NBK222291/

   We expect that intersex conditions (ie: Disorders/Differences in sexual development - DSD) will be referred to extensively to seek to support the 'gender identity' provision in the Bill. We assert that gender identity as described in the legislation is not in any way connected with DSDs and therefore should not be included in this discussion. There is a very illuminating exposition by Claire Graham on how sex is binary here:

   https://womansplaceuk.org/2019/10/21/biological-sex-is-not-a-spectrum-there-are-only-two-sexes-in-humans-with-claire-graham/

   and why intersex conditions should not be included in this discussion here: https://mrkhvoice.com/index.php/2019/12/18/what-is-dignity/

5. *Lesbians at Ground Zero* http://www.gettheloutuk.com/blog/category/research.html
6. UN article, p. 14 refers: https://www.un.org/en/ga/search/view_doc.asp?symbol=A/HRC/29/23&referer=/english/&Lang=E
7. Footnote 91 of the UN article, referring to coerced reassignment procedures: http://www.shaheedoniran.org/wp-content/uploads/2014/03/A-HRC-25-61_Annex-2.pdf
8. Hannah Gadsby, Nanette: at 18:40
9. Conversion of homosexual individuals via gender identity related procedures in Iran: https://worldpolicy.org/2014/05/29/transition-in-iran/ https://asecondwavefeminist.wordpress.com/2017/01/20/enforcement-of-gender-roles-in-iran-a-response/ and https://qz.com/889548/everyone-treated-me-like-a-saint-in-iran-theres-only-one-way-to-survive-as-a-transgender-person/
10. Dr Diane Ehrensaft, who previously published an article in support of the now widely discredited notions of satanic child abuse and repressed memory and is now involved in gender identity practices https://m.youtube.com/watch?feature=youtu.be&v=M7KBZeRC1RI
11. Agency capture research article: https://www.euppublishing.com/doi/abs/10.3366/scot.2019.0284?journalCode=scot Strategies used to promote legislation to support transgender ideology without public awareness or consultation: https://blogs.spectator.co.uk/2019/12/the-document-that-reveals-the-remarkable-tactics-of-trans-lobbyists/ , the Dentons report can be downloaded here: https://www.iglyo.com/wp-content/uploads/2019/11/IGLYO_v3-1.pdf We recommend this documents be downloaded and distributed to all Committees for consideration.
12. Risks associated with gender related surgery, one story among a great many: https://madamnomad.com/2020/01/02/transman-offers-the-poop-on-phalloplasty/
13. Infants and computer programs can discern sex: Infants: https://onlinelibrary.wiley.com/doi/pdf/10.1207/s15516709cog2505_8

    Software: https://www.forbes.com/sites/jessedamiani/2019/10/29/new-research-reveals-facial-recognition-software-misclassifies-transgender-non-binary-people/