From: Peter Parry
To: Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Subject: Submission regarding Health Legislation Amendment Bill 2019 Chapter 5B Conversion therapies
Date: Thursday, 9 January 2020 4:23:58 PM

Mr Robert Hansen,
Committee Secretary,
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George St
Brisbane Q4000

Dear Mr Hansen,

I am writing to express my concerns regarding *Chapter 5B Conversion therapies* of the *Health Legislation Amendment Bill 2019.* Unfortunately I have only been made aware of the provisions of this bill this morning, and due to clinical workload I do not have time to compose a comprehensive email to explain my deep disquiet over the bill as it is currently written in the Chapter 5B section which has been transcribed in an email I have just read.

True transgender cases warrant support to help the person transition and coercive therapies to change sexual orientation or gender dysphoria are clearly untherapeutic and constitute unethical practice. However, the situation is not so simple, as gender dysphoria varies with circumstances in any particular individual and some cases persist, whilst many desist and become more comfortable with birth gender or a same-sex orientation. In my view, the bill as it currently is written, does not provide sufficient protection for therapists to assist young people – in the area of gender dysphoria – to explore possible family, psychological or social dynamic causes of their gender dysphoria.

Speaking as someone with 25 years clinical and teaching experience in child and adolescent psychiatry, it is axiomatic that mental health problems have a biopsychosocial range of causative or contributory factors and furthermore adolescence and young adulthood are psychologically a developmental stage where ego/self-identity is somewhat fluid, and subject to all these factors. There is currently an apparent exponential rapid increase in the number of adolescents presenting as transgender or with some degree of gender dysphoria. Some of these are undoubtedly cases that may not have presented in the past due to social prejudice, but others (including a couple of cases I have seen who spontaneously desisted and reverted to birth gender) appear to be driven by psychosocial factors.

I recall the 'Emo' and 'Goth' identity social fads of the 1990s that many of my adolescent patients with varying anxiety and depressive issues related to stresses etc identified as at the time. In fact some adolescents in our social group briefly identified as 'Emo' for a while, along with other teenagers in their peer group – something one of them recollects

with humour as an adult as so far from their current identity. In the late 1980s and early 1990s there was (mainly in the USA) a widespread epidemic of large numbers of people identifying as 'Multiple Personality Disorder', something that still occurs in what now are mostly genuine but rare cases of 'Dissociative Identity Disorder'. Diagnostic and identity fads have a history that can be studied.

There may well be a biological cause for some of this increase in gender dysphoria. I recently heard Professor Andrew Sinclair, paediatric geneticist from Melbourne report that rates of hypospadias (penile malformations) have more than doubled – and the hormone disrupting effects of widespread pesticides and plasticides in the environment and food chain are a likely causative factor. Such hormone-disrupting effects could be contributing to brain maturation and the current epidemic of gender dysphoria. However, there could also be psychosocial stressors and pressures that need exploring and are amenable to change – if the person wishes and without coercion – by simply providing the young person with support to be curious and introspective, as good ethical psychotherapy has always provided.

'MPD', 'Emo', 'Goth' identities, or the previous epidemic of "Repetitive Strain Injury/RSI" that affected thousands of Australians in the 1980s (but many other nations were unaffected), or a misdiagnosis epidemic such as 'Paediatric Bipolar Disorder' in the USA (the topic of my PhD research) can all resolve with time and changes in psychosocial or financial drivers of these epidemics.

The problem with gender dysphoria is that if the cases are not truly genuine, is that hormonal and surgical procedures to support trans-gender transition – are not easily reversible. Infertility can still be an outcome even if the person desists from hormonal treatments prior to surgical change. A Serbian-American transgender surgeon, made the media in recent years, speaking of a new wave of younger adult patients who wanted further surgery to revert back to birth gender, so called 'regret cases' wishing 'reversal surgery' – but such a second round of surgery is unlikely to be fully successful. See: https://www.newsweek.com/transgender-women-transgender-men-sex-change-sex-reassignment-surgery-676777

Such cases, which the article reports as increasing in numbers, are clearly tragic. They emphasise the importance of open-minded gender clinic practice that is non-coercive, supportive, but also allows exploration and curiosity in the time-honoured psychotherapeutic tradition, to not overly rush towards transition without full consideration of the potential contributory factors. To criminalise this would be in my view unethical.

In my view the bill requires revisions and more time for debate and consultation.

Thank you for considering this submission.
Yours Faithfully,

Dr Peter Parry
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