

Thank you for the opportunity to make my concerns known about the proposed changes to the Health Legislation Amendment Bill 2019. While I applaud the clear removal of gay conversion therapy across the board, I am concerned about some omissions which may have unintended consequences for members of the LGBTIQ community.

Definitions

I note that at the roundtable held in November 2018 the issues for discussion were on “Ending Sexual Orientation Conversion Therapy”. It seems that the development of the current document has moved to banning gay conversion therapy in general but the definitions have changed to refer to gay therapy specifically for transgender individuals while omitting issues of gay conversion therapy for same sex attracted people.

Current definition: “Sexual orientation, of a person, means the person’s capacity for emotional, affectional and sexual attraction to, and intimate and sexual relations with, persons of a different gender, the same gender or more than 1 gender”.

It is unclear why the definition for sexual orientation is not defined as inclusive of sexual relationships with a person of the same sex. Language in recent years has developed to accept that sex and gender are the same thing. In law, this confusion will undermine any good will or positive outcomes for all LGBTIQ community members if it is not clearly addressed. I understand that sex is a biological construct and that gender is a social construct.. and both are significant points of reality.

To be inclusive of lesbians, gay men and transgender community members it is paramount that the sexual orientation definition includes sex and gender, not just gender alone. This is also in keeping with the La Trobe report: “PREVENTING HARM, PROMOTING JUSTICE: Responding to LGBT conversion therapy in Australia” (2018, Jones, Brown, Carnie, Fletcher and Leonard) which the proponents of this bill repeatedly referred to at your public meeting on 9 December 2019 as providing a strong basis for this legislation. The La Trobe report refers to both sexual orientation and gender diversity, rarely gender diversity alone.

I would argue that the definition should be:

“Sexual orientation, of a person, means the person’s capacity for emotional, affectional and sexual attraction to, and intimate and sexual relations with, persons of a different **SEX OR** gender, the same **SEX OR** gender or more than 1 **SEX OR** gender.

Gay conversion therapy..

Much of the section on gay conversion therapy is written as it relates to transgender community members.

There is growing evidence that young girls in particular are attracted to a transgendered life for a number of reasons:

- Independent girls, not fitting in, (non conforming) with the feminine stereotype
- Being called a lesbian in a derogatory tone, a common occurrence in schools.. no one wants to be “one of those”
- For some the perception that being a male is easier than being a lesbian

After 3-5 years through a transgender program there is growing evidence of females ceasing their transition and moving into de-transitioning.

How are health professionals and families going to prevent this situation in the first place? To assist this young person, the health practitioner needs to have the freedom to work with the person, and may even encourage a “wait and see” approach to transitioning.. rather than an immediate “affirmation of transgender” approach. In early adult years, women of 22-25 are saying they have come to terms with who they are, as women; some were not aware of lesbian communities, and had not met lesbians. In the meantime, use of puberty blocker medication can render the women sterile, and some young women have had mastectomies, which they now come to regret.

- What leeway will the health professional be given to determine with a young female, for example, in the early stages of sexual/gender exploration, who they are?
- According to the proposed legislation the health professional will face practice penalties and subsequently registration concerns as a possible result of a perceived misdemeanour? Does this mean that the process allowing time for full exploration of their sexual or gender self understanding could be rushed by the health professional to avoid such penalties against their practice?
- Who will held legally accountable for a possible “wrong journey” ie prescribing puberty blocker medication for a girl who as a more mature young woman may decide to de-transition?

This is a seriously complex issue .. it could be that preventing gay conversion for the girl who is discussing a transgender journey, could inadvertently be supporting gay conversion for a girl who has not yet identified as a lesbian.

Reviewing documentation available to young people, there is very little promoting a gay or lesbian lifestyle and much of what is available is erotic in nature. My local library has books for parents on understanding and assisting a transgender child, but no such books are available for parents to assist a child to understand or accept their sexuality as a gay boy or lesbian girl.

I support the banning of gay conversion therapy. In past decades gay conversion was about converting the sexual orientation of a person, today it has taken a greater emphasis on preventing conversion to transgenderism.. it seems that the all inclusive approach where both same sex attracted people and transgendered people are respectfully catered for in this legislation has not yet been reached and so I would recommend further discussion, debate and development in this area.

References:

Jones,T, Brown, A, Carnie, L, Fletcher,G and Leonard, W, 2018 “PREVENTING HARM, PROMOTING JUSTICE: Responding to LGBT conversion therapy in Australia”, La Trobe University

Detransitioning Q&A, uploaded by the Pique Resilience Project

<https://www.youtube.com/watch?v=kxVmSGTgNxl>

Why I transitioned/detransitioned!!

<https://www.youtube.com/watch?v=v4IR2dGhiXM>

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