



**Email:** [REDACTED]

**Response to the QLD Health Legislation Bill 2019. (06 Jan 2019.)**

**Legislative options to implement a ban of conversion practices.**

**Preface:**

CAUSE(Coalition Against Unsafe Sexual Education) was formed because of the concerns of parents that their children are being taught sexual concepts and are being shown sexual materials that are age inappropriate. These materials and concepts are being shown to children when their personalities are developing and their identities are forming..

While we understand that there are good intentions to assist student who are struggling, at the same time it has always been and must continue to be parents who decide the welfare of their children. In doing so, parents need access to specialists who can assist them with relevant information that presents an entire picture of the options and pitfalls ahead.

Parents are very concerned that teachers have the authority to evaluate and determine their child's future in such a dramatic way.

For the state, or even doctors, who do not live on a day to day basis with a child, to determine what is best for them is unrealistic. Each child is different. There is no panacea, no constructed medical plan, that can fit all children.

What has become apparent to CAUSE is that the LGBT proponents have taken the position that sexual orientation or gender dysphoria is fixed and unchangeable. That this is now the position that The QLD ALP government want to impose on the Queensland community by law.

However, in its determination to impose an ideology on the community the government is ignoring facts:-

**- Despite around 30 years of searching there is absolutely no scientific study that proves either sexual orientation or gender dysphoria are genetic, as the proponents often have claimed.** In fact, the very latest study carried out on 477,522 individuals from the United Kingdom and 15,142 individuals from various other countries, has again has come up with no proof, using the usual vague words like "indications". And the vague conclusion "Same-sex sexual behaviour is influenced by not one or a few genes but many." And "many uncertainties remain to be explored, including how sociocultural influences on sexual preference might interact with genetic influences."

( The study contains exaggerations of the size of the same sex populations of 2 – 10% when census' in western countries like the UK and USA are consistently showing the entire LGBT community to be around 2.5 – 3%)

The study can be found here:- <https://science.sciencemag.org/content/365/6456/eaat7693>

**- In the case of gender dysphoria, the gender clinics themselves acknowledge that they have no way of identifying which children will or wont desist.** <https://www.stopsafeschools.com/doctors-dont-know-who-the-real-trans-kids-are/>

**- Politicians around Australia are drawing on the report by the Human Rights Law Centre, La Trobe University and Gay & Lesbian Health Victoria published Preventing Harm, Promoting Justice: Responding to LGBT Conversion Therapy in Australia.**

This report is biased and unrepresentative of the entire LGBT community.

Dr Con Kafataris wrote a response critical of this report. His response can be found here:- <https://www.stopsafeschools.com/the-conversion-therapy-farce-dr-con-kafataris/>

**- There are many ex gay and ex transgenders who in fact have changed their sexual orientation and gender identity.** CAUSE has in the last months filmed Australian 3 ex gays and an ex transgender, and published the written testimonies of a further 12. They share their stories here:- <https://www.stopsafeschools.com/conversion-therapy-real-people-real-stories/>

**- What is very clear in the stories of these individuals is that they made their own decisions that they did not want their same sex attractions or transgender identity.** Each describe their feelings of anxiety, depression and suicidal ideation. And each describes how this is not because the felt persecuted by society for their same sex attraction or transgender identity, but rather because they did not want to be same-sex attracted or transgender.

Leah Gray, Shirley Baskett, Jem Bate & James Parker each have their own stories to tell about leaving their LGBT lives behind.

Jem Bate in talking about his transgender transitioning says of the psychological assistance he received, *"The psychiatrist didn't take an extensive history and I wasn't given any other investigation of the causes. That is the nature of the affirming treatment. If you self-report and present as really believing that you are transgender then you are given affirming treatment without any investigation. .... "I felt that I was failed by the information I was presented it with let me down, misled me... I really could have done with a variety of information so I could make a proper decision.*

In the case of a child with gender dysphoria, how would a parent of a child be able to make an informed decision as to the best path forward unless they had the information required to make an informed decision. Banning conversion practices would present a totally biased view of the diagnosis and options available.

Much of the Queensland legislation is similar in intent to that of the Victorian Dan Andrews led ALP. As such, we will take part of that submission and include it here, including a question and answer section of the Discussion Paper the Vic ALP put forward.

We will also quote from the participants in the videos in this response.

## [Reply to:- Discussion Paper. Legislative options to implement a ban of conversion practices](#)

### **Background:**

#### **Meaning of conversion therapy. (QLD legislation)**

- (1) Conversion therapy is a treatment or other practice that attempts to change or suppress a person's sexual orientation or gender identity.

Examples—•conditioning techniques such as aversion therapy, psychoanalysis and hypnotherapy that aim to change or suppress a person's sexual orientation or gender identity

- other clinical interventions, including counselling, that encourage a person to change or suppress the person's sexual orientation or gender identity
- group activities that aim to change or suppress a person's sexual orientation or gender identity

2) Conversion therapy does not include a practice that—

- (a) assists a person who is undergoing a gender transition; or
- (b) assists a person who is considering undergoing a gender transition; or
- (c) assists a person to express their gender identity; or
- (d) provides acceptance, support and understanding of a person; or
- (e) facilitates a person's coping skills, social support and identity exploration and development

**The Victorian discussion paper declares:** *The HCC Report sets out the long-term psychological harm and distress experienced by people who have undergone conversion practices, which include increased incidence of suicide.*

In justifying making such a bold statement, the paper needs to also have taken statistics from Ex Gays and Ex Trans. Yet not one such Ex gay or Ex trans was interviewed or considered.

From the CAUSE videos it is very clear that the interviewees express their concern that had they not received counselling they would have committed suicide. Which conflicts with the assertion by the HRLC report.

Leah Gray says, “..... depressive tendencies came into my life and all of it culminated basically into having suicidal tendencies , it really made me just question the point of living...”

Shirley Basket says, “It (Conversion practices) was a life saving thing for me .... And in fact it wouldn't surprise me if in time to come that we will see some people that will suicide because they are not given al alternate way of dealing with their own sexual identity in a way that they want to choose.

James Parker additionally says, “To legally prevent individuals with unwanted same-sex attraction or with gender confusion from accessing the therapies of their choice ..... will see increased mental illness, we will have more suicidal ideation and, I believe, unnecessary deaths.

### Conversion practices in Australia:

From the discussion paper:

*“Between 1970s-1990s the central messages of ‘ex-gay’ ministries was that homosexuality was harmful, sinful and tragic, and that it was possible through faith and effort to be free of homosexuality.”*

*“The view that it was not possible to be LGBT and a person of faith was maintained, with homosexuality treated as a form of personal brokenness for which healing should be sought.”*

The point that should be noted is the comments by the various people in the CAUSE videos is that it is that the blend of personal issues, mental illness, and same sex attraction is very blurred. Each talk about anxiety, depression suicidal ideation while living in their various gay trans lifestyles.

Leah Gray says *“I was someone who grew up with unwanted same sex attraction and I also grew up with what is now called gender dysphoria.”*

Shirley Baskett talking about being a lesbian says, *“Later on, Dianne, I did want to leave my life.”*

Contrary to the assertions of the HRLC report they do change their sexual attractions and gender identity and in doing so they all report positive results.

Leah Gray.

*“ ... I experienced a freedom that is unexplainable .... I was free to be who I was ... ”*

*“ ... it has released me into a much healthier state. I no longer have the anxiety, the levels of anxiety that I experienced. I don’t have depressive tendencies at all. I have a lot more confidence in who I am. I have greater productivity. I have a greater social network. I love it! ... I am free to be who I am and who I am created to be. That is an invigorating feeling. It is life changing.”*

*“I was and still am feeling like I am on cloud nine.”*

James Parker.

*“I now get to enjoy incredible non-erotic friendships with men and women like never before.”*

*“I ended up getting married and today I enjoy being a dad, What I am sharing I would say is great news for everyone, inside and outside the LGBT Lifestyle.:*

*“Changing from same sex to other sex attraction is possible and it is really, really beneficial for thousands of us. Its actually impossible to describe just how good it feels to be free from past pain and from so many lies.”* (Lies that James elsewhere in the video explains was being told that he was gay and could never change.)

Jem Bate.

*“... I feel that I am more myself now than I ever have been and am happier as well.”.*

In answer to the question, “Are you more at peace?” Jem answers, *“Definitely.”*

Shirley Baskett.

*“For me, when I was able to walk out of that there was a great sense of freedom. A great sense of peace came back into my life. All that anxiety began to come out of my life. The alcoholism was dealt with. And that was why I could look back later and say that I was no longer shaking anymore.”*

James Parker, a former homosexual man went for counselling for depression, anxiety and suicidal feelings. James says of the counselling, *“ You know, it was his professional insights that brought a significant reduction in my same sex attractions.”*

### Key Questions:

It is of note that in the key questions that there is one very pertinent question that is missing.

Namely, has it been proved beyond a doubt that conversion practices do more damage than good. With such a biased study from La Trobe with no reference to the many thousands of former LGBT people, the answer is a resounding “NO”.

If the government were to investigate road deaths due to irresponsible driving and decide that the roads should be closed to cars to appease the relatives of the dead, who understandably loudly expressed their pain, without any study into the benefits of having cars on roads, it would be the height of government incompetence.

Yet that analogy is precisely what is happening here with peoples lives.

### What is Banned?

Again a key question is missing because of the flawed acceptance by the government that conversion practices have only produced negative outcomes.

The missing question is who should be permitted to carry out counselling for sexual orientation and gender dysphoria. We would suggest professional people. In that category there should be included religious leaders who have been appropriately trained to deal with such matters.

### Who is regulated?

It is noted that there is no reference to religious institutions. Yet those in the video speak of the assistance, in these cases, in addition to professional counsellors, by church leadership, the friends they made prayer.

Leah Gray.

*I received help in many forms. I had individuals who had either experienced or had knowledge in same sex attraction. ... I sought help in ministries who were running programs and seminars at the time. I also had family members who were close to me that supported me. But also, for me, the important thing was a Christian psychologist who counselled me at the time.*

*“In no way was any help that I received been harmful. It has only ever been helpful in terms of the treatment that I sought after*

James Parker.

*“I choose to enter therapy in my 20’s.... every segment of my life went into the therapists room..... I engaged in may different types of therapies. They transformed my entire life”.*

*“Having the full access to therapies lets us each take the unique journey of our choice. I believe that to deny someone that opportunity is plain evil.”*

Shirley Baskett.

*“... I have done so much more research and I found that there actually isn’t evidence that people are born gay and I don’t believe I was either. In fact there are many complex causes and I have been able to unravel those later on I began to understand many of those things. “*

*“... I ended up going along to a church and then getting into a small group of people and within that group there were some people who knew where I had come from and the identity I had. Nobody forced me to do anything. There was no coercion. In fact there were no programs. Nothing like that but they loved me..... For some of them I had to reach out for prayer because that really was the only help I was getting at the time. That is why I find it an absolute puzzle that it would be considered a bad thing that people can have prayer when they are struggling with this kind of issue in their lives. Certainly for me prayer was part of that process to bring peace back into my life.”*

*“The who move away for me was lifesaving and I could not have done that without the support of the people in the church..... other people are starting to say to me, “If these things are taken from me I wont have that kind of support. It is distressing many people. I wouldn’t surprise me if in time to come we will see suicides because they are not given an alternate way of dealing with your own sexual identity in a way that they want to choose.”*

In answer to the questions:

***Do you agree with the HCC’s definition of conversion therapy? Notably this is very similar to the QLD legislation definition.***

**No**

***Would you suggest any changes? RLC report refer to***

Yes. Add by coercion. Religious organizations have learnt that trying to guilt or force someone to change their sexual orientation or gender identity is wrong.

***Should the definition of conversion practices be broad enough to capture the practices that do not involve health services or counselling?***

No. Understand that the Conversion Practices that the HRLC had based its article on such as shock therapy and similar treatments were not church practices but rather those of psychological clinics. That personal support and prayer are not harmful.

***It should be well noted that aversion therapies have not been used for same-sex attraction or gender confusion for many decades. Reference to them is emotive and unhelpful in the current debate.***

***What treatments and practices should be expressly excluded from the definition?***

Remove “efforts to reduce or eliminate sexual and/or romantic attractions or feelings towards individuals of the same gender, or efforts to change gender expressions.”

**Who is protected.**

In wanting to refer to specific groups, the government is expressly ignoring the diversity across the population and trying to categorize sexual orientation and gender dysphoria by age, presuming that young children will not want same sex or gender dysphoria removed from them. Yet there is great hypocrisy as gender clinics are having extremely young children referred to them for affirmation.

In answer to the questions:

***Who do you think should be protected?***

**Parents from the state imposing unscientific ideologies on their children.**

**Health professionals who recognise that history shows that 80 – 95% of children with sexual confusion, who receive appropriate support, that may well include counselling, will align with their natal sex and live normal heterosexual lives. A small number will align with their natal sex and live homosexual lives. A teeny number will remain gender confused and deserve all the ongoing support that the community can offer.**

***Should protection be limited to children and people experiencing vulnerability? If so, what vulnerable groups should be included?***

N/A

***Should protection be available to all members of the community?***

N/A

***In what ways do you think the issue of consent is relevant to determining who should be protected?***

There should be no coercion of anyone. It is however recognized that it is impossible to determine when a parent is coercive as opposed to supportive.

**Who is regulated.**

Family Violence & Negligence.

The reference to family violence and negligence is deeply troubling. It is a far different matter if a parent is violent towards a child, to that parent who supports a sexually confused child. Or a parent who doesn't provide food and clothing compared to a parent who does not immediately put a child into the hands of affirming doctors when studies show that 80 – 95% of sexually confused children will mentally align with their natal sex and will go on to live, as per the vast majority of the population, heterosexual lives.

Who is to determine what constitutes conversion therapy by a parent? Will an accused parent even be able to have their child examined by non-affirming specialists to provide them with a defence? Or will such parents be in the position being presumed guilty and have no way to defend themselves?

In answer to the questions:

***Who do you think should be banned from providing conversion practices?***

**People who do not have counselling credentials and are not being supervised by someone who has.**

***Specific professionals or persons? Or everyone who offers conversion practices?***

See above.

***Do you think conversion practices should be regulated wherever they occur or only in certain contexts or places?***

See above

**Should conversion practices be regulated by the criminal law or the civil law or both?*****Do you think conversion practices should be regulated through criminal law, civil regulatory schemes or civil laws, or a combination of these?***

Neither. They should come under the control of a body like the HCC which can direct a practitioner to counselling or deregulation should they be found to be using coercive practices. However, the practitioner should have the right to be presumed innocent till proved otherwise.

***What aspects of each approach would be effective in regulating conversion practices?***

See above.

***What aspects of each approach would be less effective in regulating conversion practices?***

See above.

**How do we address concern about freedom of religion?**

The title here is interesting of itself. The word “concern” places a negative bias on religions. It presumes that religions have not had any positive input into assisting those with unwanted same sex attraction or gender dysphoria. Yet we have demonstrated by the words of only 4 of many people who have left the LGBT lifestyles, who assert that they greatly benefited by conversion practices.

From the paper, “This right to manifest is not absolute and a number of commentators argue that it is not clear that it extends to practices that seriously harm others.”

Implicit in that statement is that all conversion practices “seriously harm others”. If as we have demonstrated, that is not the case, who is to determine what constitutes “serious harm”?

***What rights do you think are relevant to consider when determining how best to implement a ban of conversion practices?***

As discussed and demonstrated by the Ex gays and ex transgender in our videos, conversion practices are extremely helpful to those who have unwanted same sex attractions or gender dysphoria. So there should not be a ban of conversion practices.

***Can the impact on these rights be justified in light of the harm conversion practices cause?***

No. As demonstrated in our videos, not only are conversion practices not harmful, they saved the lives of these individuals



***Are there other matters that you consider critical for the design of legislation or effective implementation?***

- A) As of August 28, 2019 Victorians can now change their gender on their Birth Certificates every 12 months.

This immediately brings two points to the fore.

- 1) The government has clearly recognised that gender identity is fluid. Therefore to lock a child into an affirming medical regime may well destroy that child's life.
- 2) It also recognizes that a person's sexual attraction can change. There are numerous studies available that affirm that fact,

The obvious question then is how does a person who wants to change their gender, which the government recognizes, access conversion practices, which the government wishes to outlaw?

- B) Outside of the CAUSE videos, there is ample evidence that people respond to conversion practices.

C)

## IN SUMMARY:

Prof John Whitehall recorded a 12 video set explaining Childhood Gender Dysphoria. They can be viewed here:-

<https://www.stopsafeschools.com/prof-john-whitehall-childhood-gender-dysphoria-12-video-set-with-transcripts/>

For the references to much of the documentation relating to the videos, it is contained in his Quadrant articles which can be accessed here:-

<https://www.stopsafeschools.com/prof-john-whitehall-quadrant-articles/>

Articles by other professionals can be read here:-

<https://www.stopsafeschools.com/professional-papers-on-gender-dysphoria-transgenderism/>

Dr. Robert Kosky published a report in the Aust Medical journal of 7 transgender boys and a girl. He notes that these children have severe comorbid primary mental conditions and that the mothers have been an influencing factor in the gender dysphoria. This is now not a popular concept and proponents try to suppress this social factor, yet they can prove no different.

<https://www.stopsafeschools.com/kosky/>

Dr Kenneth Zucker, psychologist-in-chief, of Toronto's Centre for Addition and Mental Health was sacked for warning to not transgender children at a young age. Yet the courts found that he had acted professionally and his was compensated accordingly.

<https://www.nationalreview.com/2018/10/transgender-orthodoxy-kenneth-zucker-vindicated/>

Dr Paul McHugh formerly of the John Hopkins Clinic in Baltimore in the USA wrote a report, reviewed by Dr. Lawrence S. Mayer, also from John Hopkins, which is based on many hundreds of studies where he also finds that sexual orientation and gender dysphoria are in the main social matters that respond to counselling. For his extensive research he has been much maligned.

The report can be accessed here:- <https://www.stopsafeschools.com/sexuality-and-gender-dr-paul-r-mchugh/>

**The issues with this QLD legislation are relatively straight forward. The QLD legislation has totally ignored the many people who had or have unwanted same-sex attraction or gender confusion and intend to enforce on them state sanctioned laws to totally outlaw counselling that would allow them to change their same-sex attraction or gender confusion. Nor does it explore the potential for future legal ramifications**

**This legislation ignores medical history, the lack of scientific data, the very real stories of people who have changed out of their LGBT lives, and as such is the epitome of state sanctioned abuse of human rights.**

Ed Sparrius

A handwritten signature in black ink, appearing to read 'Ed Sparrius', with a long horizontal stroke extending to the right.

(Chair)

CAUSE(Coalition Against Unsafe Sexual Education)

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