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Legal Affairs and Safety Committee  
Committee Secretariat  
Parliament House  
George Street  
BRISBANE QLD 4000

To all members of the Committee:

I am making this submission to express my concern about the Queensland Attorney-General and Minister for Justice Shannon Fentiman's proposed bill, the Births, Deaths and Marriages Registration Bill 2022.

For background, I am clinical psychologist with 50 years of clinical practice, retired two weeks ago. Although I have always seen clients across the mental health range, my particular area of speciality is human sexuality, including sexual dysfunction, sexual orientation and gender diversity. In the 1970-90s, I saw many young people questioning their sexual orientation, and it was my role to help them find the right pathway for them, straight, gay or bi-sexual. I also saw people presenting with gender dysphoria, which is the feeling of discomfort or distress that might occur in people whose gender identity differs from their biological sex.

In addition, I had clients with a paraphilia (referred to colloquially as a fetish) of one kind or another, and these were almost 100% male: women's clothing, leather, used female panties, plaster casts, women's shoes, exhibiting the penis, watching females undress or use a toilet, and so on. The most disturbing time of my career was working for the NSW Department of Health during the 1980s, when I was required to assess serious sex offenders for court or for parole.

In the 20<sup>th</sup> century, gender dysphoric clients were typically adult male, and there were rigorous criteria to be met before an individual was able to access medical and surgical interventions. From the early 2010s, I saw an increasing number of young people who stated they were transgender. Over time I became concerned about the rapid increase in adolescent females presenting with stated distress about their body, and I formed the view that some of these young people did not meet the criteria for transgender. When I expressed my concern, and my view that a differential diagnosis pathway needed to be developed so that a clinician could work with the young person to develop their safe outcome, I was labelled transphobic and a complaint was made against me to the Australian Psychological Society (APS). Fortunately, the APS upheld my right to express my clinical concerns.

Since then, the criteria to be considered transgender have been increasingly relaxed, so that now for a person to gain access to hormone therapy it can be enough for that person to say they are transgender and want to be identified as the other gender. This approach, known as the gender-affirming health policy, is highly contested.

Up until recent times, "sex" and "gender" have been used interchangeably, but under modern gender theory, "sex" refers to the biological state of male or female, and "gender" refers to the

sense of being male, female, non-binary, agender, gender fluid, and so on. Not all people who change their gender identity want hormone or surgical interventions.

It seems to me to be an obvious conclusion that when criteria are weakened for any category, the "error" rate, that is, the percentage of misclassifications, will increase, but applying that to the gender-affirming policy is enough to bring down an avalanche of abuse. Nevertheless, there is an increase in people regretting their transition and changing back to their original sex/gender (detransitioners), some left with irreversible side effects. To date there has been very little in the way of health services and support groups for people who regret transition, but that is changing:

<https://post-trans.com/Detrans-Resources>

Under the bill proposed, any person identifying as transgender will be able to update their sex and name on their birth certificate with a supporting statement from someone who has known them for 12 months or more. There would be no requirement that they have any psychological or medical reports, or that they are on cross-sex hormone therapy or have had gender reassignment surgery. Restrictions are proposed which will limit the number of changes of name an adult can seek to three over the adult's life, and no more than one change every 12 months.

The proposed legislation raises two problems for me:

1. My experience with sex offenders taught me they are very good at what they do: they are drawn to places where they can access their victims, they will use any ruse to target their victims, and they never feel guilt or empathy.

This proposed bill, in my view, is a gift to sex offenders of any level of seriousness. A man who identifies as a woman is legally allowed access to any female spaces: refuges, lesbian groups, change rooms, sports and so on, and, a woman's right to complain is denied: for example, if a woman complains about a male bodied person in a change room, even if the person is watching females young and old undress or exposing his penis, it is the woman who will be regarded as the problem and may be disqualified from using the service. .

If a criminal of any type wants to change identities, and does so under the proposed legislation, how is this tracked? Have the Police been given the opportunity to comment on this proposed change? Will it be more difficult to track and identify offenders of any crime?

There is evidence that male criminals – and it seems mainly those with a history of sexual assault – are already gaining from declaring themselves transwomen. The data from the UK provides a useful insight into the issue:

UK Ministry of Justice 129 male born prisoner identifying as transgender (not counting any with a GRC) have at least one conviction for sexual assault. This includes 36 convictions for rape and 10 for attempted rape. These are clearly male crimes (rape is defined as penetration with a penis).

Here is the number compared with figures for sex offending rates in men and women over the same period:

Comparison of official MOJ statistics from March / April 2019:

76 sex offenders out of 129 transwomen = 58.9%

125 sex offenders out of 3812 women in prison = 3.3%

13234 sex offenders out of 78781 men in prison = 16.8%

There are two ways this data can be interpreted: one is that male sex offenders have changed their gender once convicted to be able to transfer from a male jail to a female jail:



<https://backintosociety.co.uk/2022/10/06/half-of-scottish-trans-prisoners-changed-gender-after-convictions/>

<https://www.scottishdailyexpress.co.uk/news/scottish-news/anger-trans-inmates-revert-males-25840252>

The other is that transwomen are more likely to commit sexual offences. The following document has links to Ministry of Justice data which was obtained under FOIs. However, I need to stress that this is not a trait of transwomen, because the transwomen I know ordinary, law-abiding people: this data supports the view that transitioning to the female gender attracts some types of sex offenders.

<https://fairplayforwomen.com/transgender-male-criminality-sex-offences/>

Recently, after a review, the UK Ministry of Justice issued the following statement

On 4 October I announced reforms to our policy for the allocation of transgender prisoners. Under the reforms, transgender prisoners with male genitalia should no longer be held in the general women's estate. This will not be a blanket rule; exemptions to these new rules will be considered on a case-by-case basis.

This will also apply to transgender women who have been convicted of a sex offence.

<https://questions-statements.parliament.uk/written-statements/detail/2022-10-11/hcws313>

Whatever way these statistics are analysed, they demonstrate the problems with self ID – note that the MOJ figures were all self-identified, prisoners with a Gender Recognition Certificate were excluded. A GRC requires that:

They have, or have had, gender dysphoria. They are required to provide two medical reports (one from their GP and one from their Gender Specialist) confirming the diagnosis and detailing any transition-related medical treatment (such as psychological counselling, hormones and/or surgical procedures) that they have received. It is not necessary for the person to have undergone any surgery but if they haven't then one of the reports should indicate whether they are waiting for any surgery or give any reason for the person deciding not to have any surgery.

<https://www.gov.uk/apply-gender-recognition-certificate>

<https://www.equality-network.org/your-rights/gender-recognition/>

Locally, cases such as the following, where offenders are identified as transwomen rather than men, add to the negative perception of people identifying as transgender:

<https://ukdaily.news/read-a-womans-twisted-message-to-a-nine-year-old-girl-after-she-was-caught-trying-to-have-sex-with-the-child-253875.html>

<https://www.news.com.au/national/nsw-act/crime/nsw-serial-killer-regina-kaye-arthurell-arrested-after-alleged-sex-crime/news-story/9f5ade4542bb6260c7feae3424d94b13>

<https://www.heraldsun.com.au/news/victoria/prisoners-at-victorian-womens-jail-launch-petition-over-transgender-inmate-12082022/audio/d1b605771c2f59c91ec6d19e8f1844d1>

2. This leads to my concern that this bill will ultimately negatively impact the trans community itself. Many people support the trans community as they support the gay community, believing it is about fairness and inclusivity. My clients are ordinary people living in their preferred gender, accepted in the community with maybe a second look sometimes but essentially no different from anyone else: students, workers, single or in relationships, in choirs, and so on. Unfortunately, support for trans people is dropping.

a) One reason is that any male bodied person who declares he is female can access female spaces without questions: female dormitories, sport, toilets, associations, competitions and so on. A recent UK YouGov poll found that "the study, the third, and most expansive, in a series spanning back to 2018, shows evidence of an overall gradual erosion in support towards transgender rights. In some areas the shift is very pronounced."

<https://yougov.co.uk/topics/society/articles-reports/2022/07/20/where-does-british-public-stand-transgender-rights>

b) The concerns of parents about modern gender theory are raised when they learn that in most Australian states, a child can transition socially (change their name, pronouns, use preferred toilets) at school without the parents' knowledge and consent. If parents disagree when they find out, they are often seen as "abusive" and can be reported to child welfare. Under this proposed bill, a young person aged 16 years is able to apply on their own behalf to legally change sex by providing a statutory declaration, and an accompanying 'supporting statement' from a person who is at least 18 years old who has known the young person for at least 12 months – again without the parents' knowledge or consent.

As a result, there is a growing pool of distressed, fractured families. Often the parents have been subjected to emotional blackmail from gender-affirming health professionals, who use the threat, "do you want a dead cis child or a live trans child". The evidence does not support the claim that young people identifying as trans are at great risk of suicide.

Recently I saw a 15 year old female who at school a few months prior had changed her name and pronouns to male, without her parents' knowledge or consent. She described herself as a gay trans male and wanted to go on cross-sex hormones; she only came to this conclusion after exploring sexual orientation and gender diversity on-line. For a while she thought she was butch lesbian but then realised she wasn't attracted to girls, so on the basis of not liking her thighs and wanting a deeper voice, she decided she was a gay trans male. She has some moderate level physical and mental health issues. She accepted my view that she is gender nonconforming, which can change over time. However, if she had been a few months older, she would have been able to change her sex and name, cementing her into that identity and giving her access to cross-sex hormones, which can have permanent side effects.

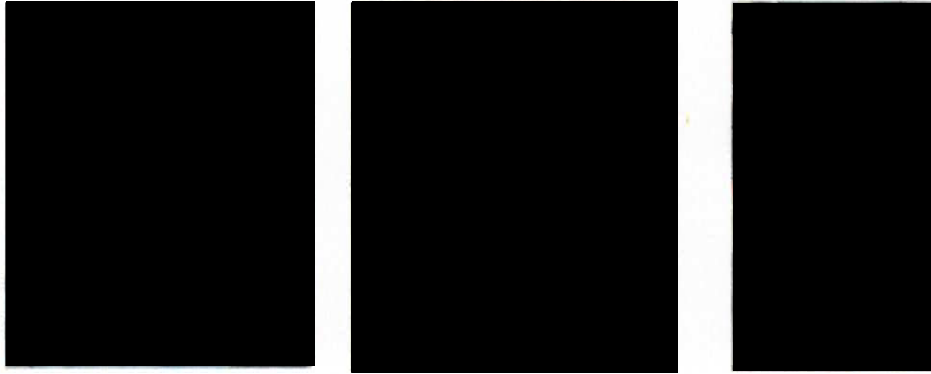
Resources for parents: <https://pitt.substack.com/>

<https://genspect.org>

Resources on all areas of gender health policy: <https://segm.org>

c) Many women are offended to learn that men with a fetish can identify as a woman and gain all sex-based rights:





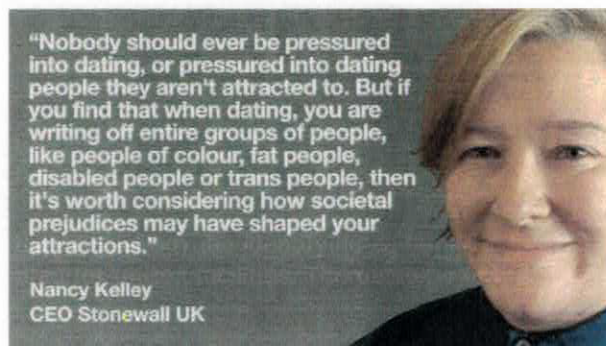
This includes the right of anyone identifying as female can use female changerooms, and many places have opted for unisex facilities. The outcome of this has been an increase in sexual assaults:

<https://www.thetimes.co.uk/article/unisex-changing-rooms-put-women-in-danger-8lwbp8kqk>

This suggests that female-only toilets, change rooms, etc, are safer for women and girls.

d) Members of the gay community, who in the past would have been natural allies of the trans community, have become increasingly disturbed by the demands of trans people identifying as gay.

Under modern transgender theory, the meaning of homosexuality has been changed from same sex attraction to same gender attracted:



I didn't tell you to shut up about being a lesbian .. you can shout that from the rooftops .. but when your saying your exclusively same sex attracted that is your intention to be transphobic.

## Tasmania Rules Against Women-Only Spaces for LGB Alliance

Clare Hawthorn · July 22, 2023

2 minutes read



A new ruling in Tasmania decrees that lesbians will be breaking the law if they host single-sex spaces. Anti-Discrimination Commissioner Sarah Holt banned LGB Alliance Tasmania from hosting lesbian events that exclude transwomen, on the grounds that such gatherings carry a "significant risk" of breaching existing equalities legislation.

Many gay people believe that the gender-affirming policy is a form of gay conversion therapy. Most young people being referred to gender identity services describe themselves as being attracted to others of the same sex.

<https://committees.parliament.uk/writtenevidence/43079/pdf/>

For 16 year olds, having easy access to changing name and sex can take them down a pathway that ultimately isn't in their best interests.

### Conclusion

I ask the members of this committee to give careful consideration to the possible negative impacts on the trans community of this proposed legislation.

Yours sincerely

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