

**LGB ALLIANCE AUSTRALIA**

JANUARY 2023

# SUBMISSION ON BIRTHS, DEATHS AND MARRIAGES REGISTRATION BILL 2022

## QUEENSLAND GOVERNMENT, AUSTRALIA

"Most people are in the dark about what is being demanded by transactivists. They understand the call for 'trans rights' to mean compassionate concessions that enable a suffering minority to live full lives, in safety and dignity. I, alongside every critic of gender-identity ideology I have spoken to for this book, am right behind this. Most, including me, also favour bodily autonomy for adults. A liberal, secular society can accommodate many subjective belief systems, even mutually contradictory ones.

What it must never do is impose one group's beliefs on everyone else."

—Helen Joyce





# Submission on Births, Deaths and Marriages Registration Bill 2022

January 2023

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Gender recognition reform is  
gender 'self-identification.'

It is a profound cultural shift in the way  
our society is permitted to talk about  
sex and gender.

It is a legislative harassment  
of women as a class.

It encourages among children and  
adolescents the damaging idea  
they may be alien in their own bodies.

It adds momentum to an already disturbing  
increase in physically healthy young people  
being 'treated' with drugs and surgery.

It increases hostility in  
political and workplace discourse.

It damages the lesbian, gay and bisexual  
liberation movement.

And it is unnecessary.

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## Introduction

The Queensland government's [Births, Deaths and Marriages Registration Bill 2022](#)<sup>1</sup> is a legislative harassment of women and failure of duty to protect children.

Self-ID legislation has become the legal 'imprimatur' of delusions about men's and women's roles in society.

The legislation establishes the administrative basis for people to lie about the facts of their birth, their bodies, and their history.

The legislation establishes in law an attitude to gender encouraging young people to believe that the sex of their bodies is alterable. It proposes the creation of completely fictional 'third' and 'non-binary' sex categories.

Its damage to impressionable children and young adults confused by their sexual orientation will be incalculable.

Women know that self-ID laws will, if not immediately, eventually cause a torrent of disturbing effects on women and girls, due to erasure of single-sex spaces. While gender activists will continue to talk about every word of dissent as though it were, as they say, "actual violence" against trans-identifying people, they will hypocritically continue to minimise and ridicule the degrading effects of these laws on women and girls.

The Queensland Parliament is on course to make a grievous error of judgement, based on faulty logic, bad or non-existent evidence, inadequate research, prejudice, and clear lack of meaningful consultation.

It is not yet too late to do the right thing.<sup>2</sup>

- The proposed legislation accepts, wholesale, demonstrably false assertions about the nature of identity and sex.

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<sup>1</sup> Introduced into the Queensland Parliament by the Honourable Shannon Fentiman, Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence on 2 December 2022, <https://bityl.co/GTtw> (accessed 19 December 2022).

<sup>2</sup> Vote 'No'. Reject the Bill.

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- Research used in the assessment of the legislation's effects is more than three years old.<sup>3</sup>
- The Queensland government has failed to adequately consult with citizen groups affected by the changes.<sup>4</sup>
- Very recent events in other jurisdictions show that publics have limited tolerance of injustices that are introduced by 'self-identification' laws.<sup>5</sup>

Laws that fairly manage diverse societies and express a society's desire for justice are grounded in facts—not fantasies, delusions, or propaganda.

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<sup>3</sup> Letter from Attorney-General Shannon Fentiman, Queensland Government, to Sall Grover, ref. 602876/1, 6475488, 30 November 2022, "the Scottish Government, as part of a literature review conducted in the course of preparing an Equality Impact Statement on proposed birth certificate legislation, did not identify any evidence supporting the claim that trans women are more likely than non-trans women to sexually assault other women in women-only spaces." The literature review was conducted in 2019 and consisted of online and Google searches with narrow search terms: <https://bit.ly/3hfz9BG> (accessed 2 January 2022).

<sup>4</sup> "For the past year and a half IWD Brisbane Meanjin has been trying to meet with Qld Attorney General and Minister for Women Shannon Fentiman to discuss with her our concerns re her plans to erase the sex-based rights of women and girls. This is our most recent letter seeking consultation. The AG is determined to introduce sex self identification into Qld to give any man who calls himself a woman the legal right to enter women's single sex spaces such as change rooms and fitting rooms, prison accommodation and prisons, to be on lesbian dating sites. This jeopardises safety and dignity for women and girls. Women and girls do not want this. Yet the Attorney General refuses to meet with us or with any women's groups. She does not even respond to communication." <https://www.facebook.com/IWDbristbane> 20 October 2022 (accessed 2 January 2023).

<sup>5</sup> "Two thirds of voters oppose SNP's gender reform plans", *The Times*, <https://bit.ly/3FxJ7GS> 16 December 2022 (accessed 2 January 2023).

## What everyone knows...

In law, in medicine, and in sociology, ‘gender’ has one practical meaning: it is the socially constructed roles, behaviours, expressions, and stereotypes of girls, women, boys, and men.<sup>6</sup> Gender influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in societies.

‘Sex,’ on the other hand, is the evolved biological strategy of reproduction that, in human beings, is binary: there is only male and female.<sup>7</sup> The dispute over what ‘sex’ is has caused a lot of confusion but has so far not caused any embarrassment to the facts.

‘Trans-men’ are females. ‘Trans-women’ are males. ‘Non-binary’ refers to an undefined feeling and sense of self which, like all gender identities, is unrelated when referring to the male and female sexes.

The entire history of women’s rights, feminism, and gay liberation can only be understood and maintained by acknowledging that they were advanced for the protection and benefit of sexes—for men and women individually, for men and women in love, for women who love women, for men who love men, and for all children who, regardless of sexual orientation, will develop through puberty to the sexual awareness of adulthood. Transvestites and transsexuals were a part of that history and did not, then, use ‘trans’ to signify anything that rejected the reality of physiology and biology.

Sex comes before gender. Always. No one is born with a gender.

Sex is observed in the womb, and at birth: it is not ‘assigned.’

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<sup>6</sup> “gender, n. [...] The state of being male or female as expressed by social or cultural distinctions and differences, rather than biological ones; the collective attributes or traits associated with a particular sex, or determined as a result of one’s sex. Also: a (male or female) group characterized in this way.” OED Online. December 2022. Oxford University Press. (accessed 1 January 2023).

<sup>7</sup> Jussi Lehtonen, Geoff A. Parker, Gamete competition, gamete limitation, and the evolution of the two sexes, *Molecular Human Reproduction*, Volume 20, Issue 12, December 2014, Pages 1161–1168, <https://doi.org/10.1093/molehr/gau068> (accessed 1 January 2023).



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A birth certificate records the sex of an infant. It is not a work of fiction, subject to editing and redrafting until the publisher is happy.

No one is born in the wrong body, even if something in their body is atypical or distressing. The idea that there is an 'innate' gender is nonsensical and deliberately misleading. A gender is not a 'spirit' or a 'soul,' but a learned social stereotype, sometimes reinforced by physical attributes, and sometimes not.

Everyone is free to believe they have an intensely felt, interior 'selfhood,' but nothing about that belief is anything more than the report of thoughts and feelings.

A person is a human being considered as an individual. Every person has acquired, through their life history, a sense of their individuality that is sometimes strongly and sometimes weakly connected to aspects of gender.

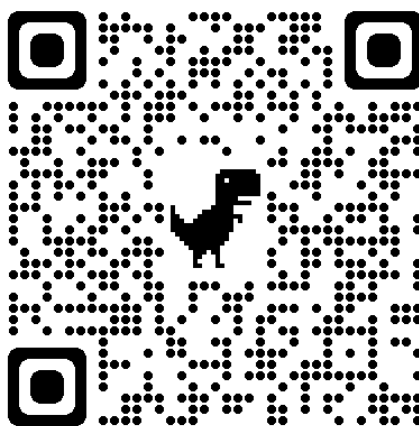
A person's 'identity' is not the mere assertion of a feeling but the establishment of a set of facts about their individuality. A person's identity consists of their expressions and behaviours, the quirks of their character, as well as their fingerprints, physical appearance, DNA, and many other markers, both trivial and important.

*The facts are...*

- Sexual violence against women is committed almost entirely by men against women.
- Sexual attraction is a measurable physiological impulse, not an outmoded way of talking or thinking.
- Puberty is not a disease.
- Puberty blockers halt normal physical sexual development and place young people at high risk of sterility, anorgasmia, and other irreversible effects.
- 'Gender identity' is not an attribute of the human body, but a belief.
- 'Gender ideology' (*the sum of language and assertions about gender that reaches beyond the standard meaning of 'gender'*) is a set of ideas about a gendered 'soul' or 'essence' of personhood.

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- The model of 'Gender affirming medical care' requires doctors to forego diagnosis and to participate in a system of harm to children and young adults.
- To treat children for confusion or 'dysphoria' about sex and gender, ***without helping them to understand sexual attraction***, is itself a form of gay conversion therapy.



*Figure 1—Video, 'The trans teen contagion—panel discussion'<sup>8</sup>*

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<sup>8</sup> YouTube video, published 22 December 2022, from WORLDwrite at the Battle of Ideas Festival 2022, [www.lgballiance.org.au/transteentrend](http://www.lgballiance.org.au/transteentrend) (accessed 2 January 2023).

## What happens when ‘sex’ disappears...

- When governments replace sex with gender an official narrative is created that promotes private fictions over public truths.
- Self-ID laws will, if not immediately, cause a torrent of disturbing effects.<sup>9</sup> These effects will appear because a significant category of men is determined to force women to acknowledge and submit to the fiction of their choice of ‘gender identity’ and the false equivalence

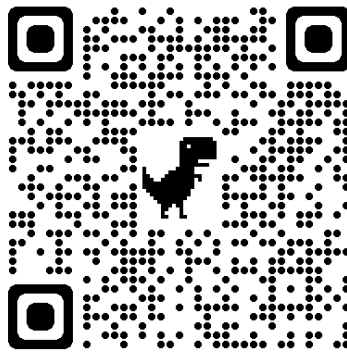


Figure 2—Video, ‘Why sex matters’

between ‘gender identity’

and sex.

Armed with fictional birth certificates, or ‘recognised details certificates’...

- Males will apply for and get women's jobs.
- Males, identifying as women, or an undefined ‘non-binary’ and ‘other’ categories, will spoil the accuracy and usefulness of scientific research.
- Males will get access to work and be sheltered in domestic violence shelters for vulnerable women and children. This would allow abusive males to access shelters which would previously have been a safe haven for their female partners or ex-partners.
- Males will skew the measurement of affirmative action programs for women.

<sup>9</sup> QR Code: ‘Why sex matters,’ <https://www.lgballiance.org.au/sex-matters> (The Paradox Institute, 14 Jul 2020). <https://youtu.be/k8iOKd9KIMk> (Accessed 31 December 2022).

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- Males will demand that female patients, the elderly, the infirm, or disabled, have no avenue to reject their services when seeking a female for intimate care supports.
- Males will demand to be held in women's prisons even though they have a history of violence against women.
- Males will access to women's dating groups and apps, including groups intended for lesbians.
- Males will use their new identities for phishing, deceit, and legal and personal harassment.

While gender activists will continue to talk about every word of dissent as though it were, as they already say, 'actual violence' against trans-identifying people, they will hypocritically continue to minimise and ridicule the degrading effects of these laws on women and girls.

Lesbians and gay men are being told they are bigots and murderers when they do not accept that delusions about gender trump the reality of sex. These insulting insinuations would not be accepted as harmless, or of no consequence, if they were directed at heterosexual men and women in their private lives.

**The evidence**

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**Promotion of inaccurate language hampers research**

*The bill provides a legislative promotion of the corruption of research.*

Alteration of the sex record, and the proliferating misinformation about what sex is,<sup>10</sup> makes effective, accurate medical and scientific research much more difficult.

For example: *The Lancet*, purporting to publish research relevant to women with statistics including male persons.<sup>11</sup>

The effects of monkeypox on women are distinct and significant.<sup>12</sup>

A recent study purporting to examine the transmission and clinical features of monkeypox in women conducted its research on a sample where nearly half of the participants were male.

The study, published in prominent American medical journal *The Lancet* in November, was titled “human monkeypox virus infection in women and non-binary individuals during the 2022 outbreaks: a global case series,” and sought to contribute to the data on confirmed

<sup>10</sup> Transhub’s web page on sex and gender publishes apparently deliberately misleading information about ‘sex’, including the statement that “many people do not produce either” sperm or eggs. Transhub, <https://archive.ph/gbHOs> 2 January 2023 (accessed 2 January 2023).

<sup>11</sup> ‘Human monkeypox virus infection in women and non-binary individuals during the 2022 outbreaks: a global case series’ *The Lancet*, [https://doi.org/10.1016/S0140-6736\(22\)02187-0](https://doi.org/10.1016/S0140-6736(22)02187-0) (accessed 2 January 2023).

<sup>12</sup> Clinical Considerations for Mpox in People Who are Pregnant or Breastfeeding, Centers for Disease Control and Prevention, <https://www.cdc.gov/poxvirus/monkeypox/clinicians/pregnancy.html> 14 October 2022 (accessed 2 January 2023).

monkeypox cases in women. It surveyed 136 people from May 11 until October 4, and pulled the respondents from multiple countries.

Of the 136 “women” included in the study, 62 were trans-identified males. The remaining 74 respondents were described as “assigned female at birth,” including 69 “cis women” and five “non-binary individuals.”<sup>13</sup>

## THE LANCET

### Human monkeypox virus infection in women and non-binary individuals during the 2022 outbreaks: a global case series

John P Thornhill\*, Romain Palich\*, Jade Ghose, Sharon Walmsley, Davide Moschese, Claudia P Cortes, Rafael Mello Galitez, Amy B Garlin, Silvia Nozza, Oriol Mitja, Asa E Radix, Jose Luis Blanco, Brenda Crabtree-Ramirez, Melanie Thompson, Lothar Wiese, Hubert Schulbin, Anelia Levkovich, Marco Falcone, Anna Lucchini, Elena Sendagorta, Carl-johan Treutiger, Ruth Byrne, Katherine Coyne, Eric A Meyerowitz, Anna M Grahm, Ann-Brit Eg Hansen, Valerie Pourchet, Michelle DellaPiazza, Rachel Lee, Marcel Stoerckle, Aniruddha Hazra, Vanessa Apes, Emma Rubenstein, Joyce Jones, Aimee Wilkin, Anuradha Ganesan, Andrés F Hienso-Martinez, Eric J Chow, Boghuma K Titani, Jason E Zucker, Dimie Ogoina, Chloe M Orkin on behalf of the Share-Net writing group

#### Summary

**Background** Between May and November, 2022, global outbreaks of human monkeypox virus infection have been reported in more than 75 000 people worldwide, predominantly in men who have sex with men. We describe the epidemiological

### Study Exploring Monkeypox In "Women" Used Sample of Males

A recent study purporting to examine the transmission and clinical features of monkeypox in women conducted its research on a sample where nearly half of the participants were male.

[reduxx.info](https://reduxx.info)

Figure 3—Screenshot of ReduXX article on The Lancet.

### The Green's Rohan Leppert and Linda Gale

*The promotion of gender ideology in legislation increases the difficulty of rational discussion within political discourse to uncover real public policy problems. Nowhere is this problem clearer than within The Greens, where a panel of inquiry has been created to purge the party of people with moderate and evidence-based opinions.*

“I will readily admit that one reason I approach gender clinics with scepticism is a friend who felt they managed to

<sup>13</sup> ‘Study Exploring Monkeypox In “Women” Used Sample of Males’, ReduXX, <https://reduxx.info/study-exploring-monkeypox-in-women-used-sample-of-males> 31 December 2022 (accessed 2 January 2023).

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escape a transition pathway they had commenced, and many others in my age bracket who experienced gender dysphoria when puberty hit before they were discovering they were lesbians much later, who all genuinely worry that girls in a similar situation today are being told that they're trans." Leppert wrote.

The councillor said he was concerned that "women are identifying out of lesbianism in significant numbers, while trans women are identifying in."

Later in the post, Leppert says he is not opposed to children who are transgender receiving treatment, but is concerned about the affirmation model being the only approach used by clinicians. He then questions if Victoria's recently activated laws against conversion and suppression practices have criminalised some of the alternatives that might have previously been accessed.

"The law in Victoria may have been constructed in a way that will result in an excessive diagnosis of gender dysphoria and prescription of puberty blockers, HRT and surgery, increasing the phenomenon of detransitioning in the future." Leppert wrote.<sup>14</sup>

"The Victorian Greens have established a special panel of inquiry to investigate 'misconduct' around transgender issues, a move expected to fuel internal hostilities and bring the ongoing feud to a head.

Some insiders regard it as a 'kangaroo court,' but sources on both sides of the dispute agree that it is aimed at senior members Melbourne city councillor Rohan Leppert and dumped Victorian party convenor [Linda Gale](#), who have been accused of having views harmful to trans people."<sup>15</sup>

<sup>14</sup> Quoted from '[Greens councillor Rohan Leppert under fire for online comments](https://www.ouinperth.com/greens-councillor-rohan-leppert-under-fire-for-online-comments/)' Out in Perth, <https://www.ouinperth.com/greens-councillor-rohan-leppert-under-fire-for-online-comments/> 30 March 2022 (Accessed 1 January 2023).

<sup>15</sup> Quoted from '[Victorian Greens set up panel to investigate and sanction transphobia](https://bityl.co/GRyv)', The Age, <https://bityl.co/GRyv> 22 December 2022 (Accessed 1 January 2023).



## Rise in referrals to gender clinics

*Governments in Australia have implemented 'self-identification' laws that promote harmful concepts among children at earlier and earlier ages, among parents, and restrain doctors and mental health professionals from offering frank diagnosis, advice, and help.*

[...] I have relied upon figures provided by the gender clinics under GIPPA (formerly FOI) and they have varied with each request. The numbers are therefore approximate, but the trends, I believe, are reliable.

I have presented the data by year and state to make different comparisons easier.

**Referrals have continued to rise over the eight-year study period. Melbourne RCH continues to receive the highest numbers of referrals.**

The apparent decrease in the prescription of puberty blockade may be due to the effects of the COVID pandemic, which resulted in the greatly reduced capacity of many medical treatment clinics around the country between 2019 and 2021.

The low ration of those prescribed puberty blockade to those prescribed cross sex hormones is not consistent with overseas research that indicates a high proportion of those commencing puberty blockade proceeding to cross sex hormones. The information provided by the clinics was not segmented by age or sex. It would be necessary to know the ages of those young people enrolled in these clinics as some may be too young to be eligible for puberty blockade or were commenced on puberty blockade and remained on it for several years. In addition, the time lag between enrolment/triage/appointment and being seen by an endocrinologist to work out relevant rates of medication to eligible enrolled adolescents may also skew the ratios of those prescribed puberty blockade proceeding to cross sex hormones.

Queensland is the rogue state [...] **Queensland and Victoria prescribe more cross sex hormones** in their GD clinics than WA, NSW (who refers young people to adult clinics for CSH) and South Australia (although no figures are available for 2020-2021).

It is also possible that the Melbourne RCH gender clinic is outsourcing the prescribing of cross sex hormones and possibly puberty blockade medication to GPs or transgender community clinics. It is also possible that patients prescribed medication at the RCH obtain the prescriptions from external pharmacies, rather than the RCH pharmacy, which would again risk under-reporting in the figures provided.

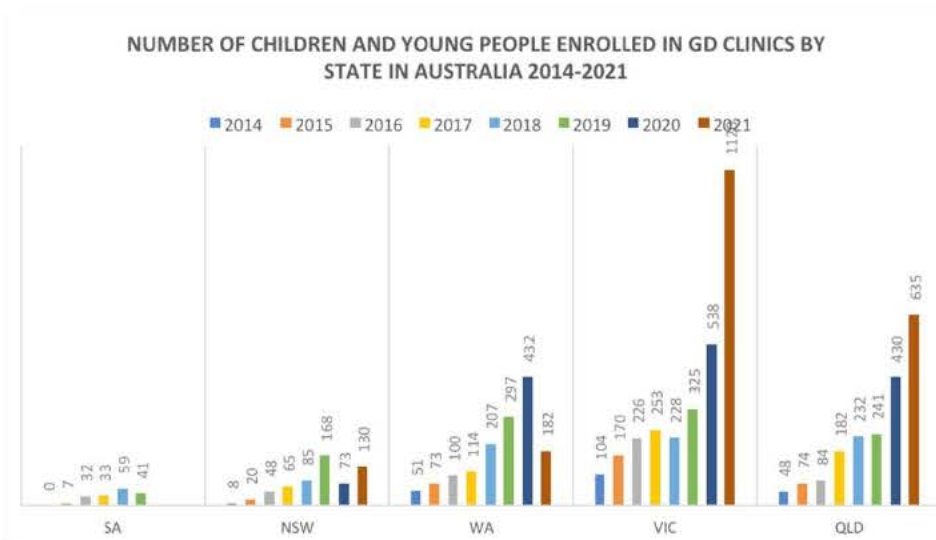


Figure 4—Children and young people enrolled in GD clinics 2014–2021

These numbers represent **only those young people receiving treatment in public hospitals**. They do not include children and young people being “treated” by private practitioners or in the new clinics such as Maple Leaf in Newcastle for which no figures are available.<sup>16</sup>

Up-to-date data concerning the number of people seeking treatment for gender dysphoria or assistance with medical transitioning is difficult to find. Information published on the University of Melbourne’s Trans Health Research was published originally in 2018 and showed data from 2016.<sup>17</sup>

<sup>16</sup> Quoted from Dianna T Kenny, ‘Number Of Children Enrolled, Receiving Puberty Blockade And Cross Sex Hormones In Five Gender Clinics In Australia, 2014-2021’ <https://www.diannakenny.com.au/k-blog/downloads.html> 29 October 2022 (accessed 2 January 2023).

<sup>17</sup> The data had been unpublished when access was attempted on 2 January 2023. The page is archived at <https://web.archive.org/web/20221230070132/https://www.transresearch.org.au/statsandfigures>

## The harm of puberty blockers

*Puberty blockers halt the normal sexual development of physically healthy children.* <sup>18</sup>

[...] some Australian endocrinologists are prescribing gonadotropin-releasing hormone (GnRH) agonists or analogues to suppress puberty in adolescents whose hormone levels would otherwise be perfectly normal. GnRH are sex hormone suppressants, already in use to treat some cancers such as prostate or breast cancer. They go by a variety of brand names, one of the most common of which is Lupron. Numerous studies have associated the use of these drugs with reduction in bone density as well as decrease in white matter integrity in the brain. These effects are exacerbated when used on pre-pubescent children. In July 2022, the [US Federal Drug Administration added a new warning on GnRH agonists](#),<sup>19</sup> which may cause pseudotumor cerebri (idiopathic intracranial hypertension), resulting in loss of vision.

c) While subsequent doses of cross-sex hormones may assist in checking or lessening these trends, they do not reverse them. Moreover, combining the use of puberty blockers and cross-sex hormones results in a variety of later complications: permanent facial hair, deepening of voice and vaginal atrophy for girls and women, unusual and early stage osteoporosis for boys and men, and permanent sterility for both sexes. A number of detransitioners have testified to these harmful effects, and even some well-known transgender personalities such as [Buck Angel](#)<sup>20</sup> have attested to them in an attempt to alert to and prevent the harms caused.

d) The same study found that all but one of the minors thus treated went on to take cross-sex hormones, consistent with [the finding of the UK's High Court in the Bell vs Tavistock](#)<sup>21</sup> case that the use of puberty blockers was inaccurately

<sup>18</sup> Quoted from 'Sex And Gender Identity: Checking The Facts Of Common Assertions', A paper prepared by Australian Feminists for Women's Rights, pp.7-8, 13 August 2022. Information: [info@af4wr.org](mailto:info@af4wr.org).

<sup>19</sup> 'Risk of pseudotumor cerebri added to labeling for gonadotropin-releasing hormone agonists,' AAP News, 1 July 2022. <https://bitly.co/GTDw> (accessed 3 January 2023).

<sup>20</sup> 'Buck Angel gives advice to trans men at the gynecologist', 13 January 2019, Internet Archives <https://bitly.co/GTE7> (accessed 3 January 2023).

<sup>21</sup> <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf> 1 December 2020 (accessed 3 January 2023).

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described as a harmless “pause to puberty”. Other studies have shown that [early social transition predisposes children to go on puberty blockers and then on to cross-sex hormones](#)<sup>22</sup>. Such findings demonstrate that medical advice currently provided to Australian patients and their families about puberty blocker treatment being reversible is misleading and hinders their capacity to give informed consent.

e) In recent years, the health authorities of several European countries, including France, the UK, Sweden and Finland have urged a more thoroughgoing, evidence-based approach to assessing and treating gender dysphoria among minors, inspired in particular by Sweden’s Karolinska University Hospital’s 2021 ban on the use of puberty blockers.

f) In early 2022 Sweden’s National Board of Health and Welfare issued [updated guidelines](#)<sup>23</sup> on the “Care of children and adolescents with gender dysphoria.” They advised that:

*« the risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment [for adolescents with gender incongruence] currently outweigh the possible benefits... This judgement is based mainly on three factors: the continued lack of reliable ...evidence concerning the efficacy and safety of both treatments, the new knowledge that detransition occurs among young adults, and the uncertainty that follows from the yet unexplained increase in the number of care seekers, an increase particularly large among adolescents registered as females at birth » (p. 3).*

g) In Australia—notwithstanding some studies cited elsewhere in this paper—data collection and follow through, either medically or through longitudinal studies, remains limited. Worse, [there appears to be active resistance by gender clinics to providing such information](#).<sup>24</sup>

<sup>22</sup> <https://segm.org/early-social-gender-transition-persistence> 6 May 2022 (accessed 3 January 2023).

<sup>23</sup> <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2022-3-7799.pdf> 2022 (accessed 3 January 2023).

<sup>24</sup> <https://drdylanwilson.substack.com/p/an-open-letter-to-australias-doctors> 16 May 2022 (accessed 3 January 2023).

## Comments on the proposed legislation: QLD Births Deaths and Marriages Registration Bill 2022

### *157 Amendment of sch 1 (Dictionary) (2)*

**gender identity**, of a person—

(a) is the person's internal and individual experience of gender, whether or not it corresponds with the sex assigned to the person at birth; and

(b) without limiting paragraph (a), includes

(i) the person's personal sense of the body; and

(ii) if freely chosen—modification of the person's bodily appearance or functions by medical, surgical or other means; and

(iii) other expressions of the person's gender, including name, dress, speech and behaviour.

**sex characteristics**, of a person, means the person's physical features and development related to the person's sex, and includes—

(a) genitalia, gonads and other sexual and reproductive parts of the person's anatomy; and

(b) the person's chromosomes, genes and hormones that are related to the person's sex; and

(c) the person's secondary physical features emerging as a result of puberty.

- Notable is that this section on definitions chooses not to define 'sex' but only to list what it deems to be "sex characteristics." That is, it lists contingent and mutable characteristics, but nowhere mentions gametes that are the essential factor of the sex binary of male and female humans.<sup>25</sup>

<sup>25</sup> Jussi Lehtonen, Geoff A. Parker, Gamete competition, gamete limitation, and the evolution of the two sexes, *Molecular Human Reproduction*, Volume 20, Issue 12, December 2014, Pages 1161–1168, <https://doi.org/10.1093/molehr/gau068> (accessed 1 January 2023).

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- The definition of ‘gender identity’ includes the wrong assertion, lifted whole from gender propaganda, that sex is “assigned” at birth. Demonstrably, it is not. Sex is observed, in the womb, from about the eleventh week of pregnancy.
- It is no assistance to truth, evidence, law, or academic research, if “bodily appearance or functions by medical, surgical or other means” are only relevant to identity “**if freely chosen**”.

37(a)(ii): “*the **child understands the meaning and legal implications** of the alteration of the record of sex of the child*”

- This clause repeats the error of asserting that the sex of a person can be ‘self-assigned’.
- This clause suggests that there are “implications,” meaningful and legal, of the change to the “record of sex,” without defining or describing how such understanding might be questioned or ascertained. Does the clause refer to [Gillick competence](#)?<sup>26</sup>
- How is a child’s understanding of legal implications to be tested?
- Regarding “meaning”: does this requirement include or exclude the child’s awareness of the results of legal challenge concerning the consequences of social and/or medical transitioning?

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<sup>26</sup> [1985] 3 All ER 402 *Gillick v West Norfolk and Wisbech Area Health Authority and another*, <https://bityl.co/GS4n> (accessed 1 January 2023).



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- “A particular concern with this bill, is that with gender identity ideology the first part of the gender affirmation process is called ‘social transitioning’ which involves changing names, documentation, pronouns, clothing and bathroom use. This is not a neutral act, most youth if pushed to transition socially, nearly a hundred percent will move onto the second stage which is medical transitioning. This involves taking of chemical castration and endometriosis drugs used to interfere with puberty, cross-sex hormones that are associated with sterilization and the last stage is extreme body modification. Left alone those children that have an incongruence with their sex, up to 80–98% grow out of it during puberty. This bill, takes part in this process, falsifying one’s sex in adherence to an ideology that will set a youth on a pathway of irreversible body modification.”<sup>27</sup>

39(c)(ii): ***“identifies as the sex stated in the application”***

- ‘Sex’ is not attribute of the will, but of the body.
- This clause repeats the error of asserting that the sex of a person can be ‘self-assigned’.

39(3)(a) and elsewhere: ***“A supporting statement must...be made by a person who is at least 18 years and who has known the person making the application for at least 12 months”***

- A supporting statement with these specifications is insufficient to ensure the truth or sincerity of the application.
- In what way does the assertion “I am non-binary” to a fellow employee in a workplace not satisfy this requirement when recounted in a statement one year later?

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<sup>27</sup> Quoted from ‘Sex Matters In Life And In Law’, <https://www.lostwomensrights.com/takeaction> (accessed 2 January 2023).

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39(3)(b) and elsewhere: *“believes that the person making the application makes the application **in good faith**”*

- If an application may be approved upon receipt of declarations of belief in the “good faith” of an applicant, can they also be denied by a declaration, or finding, or evidence, of the bad faith (insincerity) of the applicant?
- Is the application by a person in prison necessarily suspected of bad faith?
- Is the application of a person convicted of sexual assault, rape, or crimes involving minors, or having made any statements, or any publications considered hateful to the ‘sex’ in which they seek identification, to be upheld even if one other person can declare that applicant’s “good faith”?

40(2) and elsewhere: *“**parents** may apply to **alter the record of sex of the child**”*

- See the section [‘Human Rights Certificate: Prepared in accordance with Part 3 of the Human Rights Act 2019’](#), below.

49: *“A **recognised details certificate**, for a person, is a document that acknowledges the person’s name and sex”*

- This clause is self-contradictory. A recognised details certificate does not recognise a person’s ‘sex’ unless it has already been decided that ‘sex’ no longer has the meaning it once had, or any definite meaning, or has been substituted with another meaning not stated in the legislation.

39(2)(c) and elsewhere: *“**verified by statutory declaration**, that the person (i)identifies as the sex stated in the application; and (ii)**lives, or seeks to live**, as a person identified by that sex”*

- This clause establishes that the purpose of the legislation is gender ‘self-identification.’



54(3)(a): *“The registrar must refuse to issue the recognised details certificate if—(a) the recognised details certificate would state a **prohibited sex descriptor**”*

- A “sex descriptor” is not a descriptor of sex in any sense if the recognised details certificate now permits the denial of sex.
- If a person identifies as ‘non-binary,’ what is a question one could ask that confirms that statement is true, or any more or less true than if they were to **identify** as ‘disabled,’<sup>28</sup> when not disabled, or identify as ‘graysexual’ or ‘aromantic.’

***Human Rights Certificate: Prepared in accordance with Part 3 of the Human Rights Act 2019***<sup>29</sup>

- The attorney-general’s declaration certifies that:

*(b) the nature of the purpose of the limitation, including whether it is consistent with a free and democratic society based on human dignity, equality and freedom*

This limitation on the right to privacy, due to the prescribed disclosure of information which may constitute confidential medical history, is for the purposes of supporting the effective operation of the alteration of sex and recognised details certificate framework for children under 16.

Although such evidence of an assessment makes the process more restrictive, this must be considered in the broader context of how it provides an important safeguard for the child’s health and wellbeing, given the vulnerability of children.

Section 26 of the Human Rights Act 2019 protects the right of every child, without discrimination, to the protection that is needed by the child and is in the child’s best interests. This protection of children recognises the special vulnerability

<sup>28</sup> See <https://reduxx.info/norwegian-man-now-identifies-as-a-disabled-woman-uses-wheelchair-almost-full-time/> Reduxx, 1 November 2022 (accessed 5 January 2023).

<sup>29</sup> A declaration by the Honourable Shannon Fentiman MP, Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence, prepared in accordance with Part 3 of the Human Rights Act 2019. <https://documents.parliament.qld.gov.au/tp/2022/5722T2057-97D6.pdf> (accessed 3 January 2022).

of children, and the additional protections that children are owed by the State. The right requires the State to ensure the survival and development of every child to the maximum extent possible, and to take into account the best interests of the child as an important consideration in all actions affecting a child.

Prescribing such information as part of the assessment process is for the purpose of safeguarding the enshrined rights of children, and ensures the legislative framework is sufficiently robust in proportion to the recognised vulnerability of children.

- The Human Rights Act 2019, “requires the State to ensure the survival and development of every child to the maximum extent possible, and to take into account the best interests of the child as an important consideration in all actions affecting a child.”
- In light of the evidence (*see the section ‘The harm of puberty blockers,’ above*) the proposed legislation to the QLD Births Deaths and Marriages Registration Bill 2022 does not provide sufficient, nor even any adequate, safeguards against unnecessary, damaging, irreversible effects of gender transitioning, or gender socialisation, for children.
  - Its safeguards are insufficient to ensure the child’s understanding of consequences.
  - Its safeguards are insufficient to ensure the child’s protection from homophobic actors (malicious adults, practitioners, or parents).
  - Its safeguards are insufficient to ensure the child’s protection from peer, media, and other pressures to conform to gender stereotypes.

« Currently, active debates are ongoing over the age at which children are old enough to provide meaningful consent (or assent) to undergoing gender transition, due to its inherent risks and uncertainties, as well as the **near-certainty of infertility and even sterility**, which occurs when puberty blockers at Tanner stage II are followed by cross-sex hormones. Debates **whether 16-year olds or 12-year olds can consent to medical interventions with such profound life-long consequences** are currently

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playing out all over Europe,<sup>30</sup> and most recently, in several US states. Since almost all early-socially-transitioned children in the Olson et al study continued with the transgender identity into puberty and over 60% are already undergoing medical transition, **the study suggests that many of these life-changing decisions are occurring not at 12, 14, or 16, but effectively at the much younger age of 6 or 7.** »<sup>31</sup>

- Considering the wealth of evidence now available of the harms to children, their bodies, and their futures, **it is impossible to understand, or agree with, the attorney-general's conclusion** that “the Births, Deaths and Marriages Regulation 2022 is compatible with the Human Rights Act 2019.”<sup>32</sup>

<sup>30</sup> ‘Ook transzorg moet aan medisch-wetenschappelijke standaarden voldoen,’ NRC (The Netherlands)  
<https://www.nrc.nl/nieuws/2022/12/30/ook-transzorg-moet-aan-medisch-wetenschappelijke-standaarden-voldoen-a4152945> 30 December 2022 (accessed 7 January 2023).

<sup>31</sup> <https://segm.org/early-social-gender-transition-persistence> 6 May 2022 (accessed 3 January 2023). Emphasis added.

<sup>32</sup> A declaration by the Honourable Shannon Fentiman MP, Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence, prepared in accordance with Part 3 of the Human Rights Act 2019.  
<https://documents.parliament.qld.gov.au/tp/2022/5722T2057-97D6.pdf> (accessed 3 January 2022).



## About LGB Alliance Australia

LGB Alliance Australia represents the interests of lesbians, gay men, and bisexuals.

We highlight the dual discrimination faced by lesbians as women who are same-sex attracted.

We work to protect children from harmful, unscientific ideologies that may lead them to believe either their personality or their body is in need of changing. Any child growing up to be lesbian, gay or bisexual has the right to be happy and confident about their sexuality and who they are.

We promote freedom of speech and informed dialogue on issues concerning the rights of lesbians, gay men, and bisexuals. We assert that different opinions, even those we may disagree with, should be heard as part of the public debate.

[www.lgballiance.org.au](http://www.lgballiance.org.au)

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