
From: [REDACTED]
Sent: Tuesday, 31 January 2023 1:38 PM
To: Legal Affairs and Safety Committee
Subject: re: Births, Deaths and Marriages Registration Bill 2022

I am a parent in rural Queensland of a formerly trans-identified daughter. I am writing to ask you to consider submissions from people highlighting the negative impacts of this legislation, because my family's own experience shows that some young people are just exploring their identity.

My daughter came out as gay when she was 11. We totally supported her in this. When she was 13 she said she might be trans. We supported her and we got a referral to the Qld public gender clinic at the Mater hospital. We thought the people in the gender clinic would be experts in gender - that they would properly investigate her sudden identification (she had never had a single interest in anything "boyish" in her entire life). We thought we'd see psychologists, psychiatrists - experts who could help us work out what was happening and why such a sudden change. They didn't. We saw them every quarter for 18 months. We never once had any contact with a psychologist or psychiatrist, only a nurse. At one point our daughter was suicidal and we asked if we could see a psychologist - they said they didn't have any and they referred us to private psychologists (who all turned out to work part time at the gender clinic).

The local CYMHS (Child Youth Mental Health Service in Qld health) wouldn't help us because of her trans identification - that would over ride any mental health care at all because they thought that only the gender specialists can help trans identified suicidal kids. Headspace refused to help for the same reason. No local psychologists would help because they didn't have "trans" experience (we were seeking mental health support - suicide support - not trans support).

There was never any proper assessment or exploration of her background from the gender clinic. Just affirmation - "if you say you're trans you must be".

There was no proper evidence based outlining of the risks of gender transition. They offered for us to come in to try on binders ([known to have many health risks](#)) and said that the only risk of her taking testosterone would be to possibly lose a bit of hair ([this is quite seriously not true](#)).

She was diagnosed with Autism during our period seeing the clinic. The gender clinic didn't seem to think this could be in any way related to her trans identification (stats show that something like 70% or more trans identified teens are autistic). A huge number of trans identified kids turn out to be gay.

Eventually, she decided she wasn't trans and we stopped seeing the gender clinic. The only thing that saved us from the affirmation practitioners is that we lived a few hours away so we only saw them via telehealth.

She's a gay autistic girl - the affirmation of teens like her is in reality trying to get rid of gay kids. It is truly conversion therapy - trans affirmation means trying to stop gay kids being gay.

Consider why every single country who have conducted systematic reviews of evidence for hormonal interventions and found no evidence that the benefits outweigh the risks - Finland, Sweden, and England. [This guide outlines all the scientific evidence available.](#)

The current affirmation-only option for treatment of young people with gender dysphoria is based on a single Dutch study of ONLY 55 subjects (only 40 with complete data). 100% had childhood-onset gender dysphoria (no adolescent-onset gender dysphoria cases which is the vast majority of current cases). There was no control group and no physical health effects evaluation. One adolescent died as a result of post-operative complications. Several others could not pursue treatment due to new health issues arising following hormonal administration. The statistics showed unchanged or worsening gender dysphoria and body image difficulties while on puberty blockers, especially among natal adolescent females. The entire trans-affirmation model is based on this one study. There has been not a single proper scientific study supporting positive transitioning effects for young people.

I know this email may be peripheral to the current birth certificate changing sex id topic, but in reality it's all related. The huge number of detransitioners starting to speak up should tell you that the vast majority of trans-identified young people do not stay trans after 5-7 years. But as we're only a few years into the current massive wave it's only a few that are speaking up at the moment.

With regard to self-id, I wonder if you have considered the issue of male prisoners identifying as women to gain access to women in jail? A [recent study of Canadian prisoners](#) states:

Almost two-thirds (64%) of these offenders committed a current sexual offence while 88% were convicted for prior sex offences. Almost all (94%) had committed their offences while living as their biological sex. The majority (85%) committed offences that caused death or serious harm to their victim(s) while 70% inflicted psychological harm on their victim(s). Examination of the victimology shows that over half were children (58%) or female (55%). One-third (33%) of the offences committed had multiple victims.

Allowing men like this, who nearly always have intact genitalia to simply transfer to a woman's prison by stating that they are women is truly a horrible potential end effect of changing these laws. You can see from recent Scottish examples of violent trans men in women's prisons that these men will take any chance they have to abuse women.

Please consider my points.

Regards,

