Speech By

Daniel Purdie

MEMBER FOR NINDERRY

Record of Proceedings, 14 June 2023

BIRTHS, DEATHS AND MARRIAGES REGISTRATION BILL

Mr PURDIE (Ninderry—LNP) (3.45 pm): I rise to make a contribution to the Births, Deaths and Marriages Registration Bill 2022. The purpose of the bill is to amend Queensland's life registration system in light of social, policy and operational changes which have affected the way the Registry of Births, Deaths and Marriages delivers its services. One of the main objectives of the bill includes altering the process and reasons for which an individual can change their gender on their birth certificate.

Firstly, I would like to thank the members of the Legal Affairs and Safety Committee for their consideration of the bill in the short consultation time over the Christmas holiday period during which 385 submissions were received. It is notable that 159 were supportive of the bill and 181 were not. Currently, the Births, Deaths and Marriages Registration Act allows for a person to apply to change their sex on their birth registration where they have undergone sexual reassignment surgery to alter their reproductive organs to change their sex or to connect or eliminate ambiguities about the sex of the person. As of April 2022 there have been 210 changes of sex on birth records which have all been for adults. This bill seeks to remove the requirement for a person to undergo sexual assignment surgery in order to alter their record of sex.

I am cognisant that some Queenslanders have not been respected for their lived identities, and my concerns with this bill do not undermine this point. A large number of submitters sought to make confidential submissions, with over 140 of the 385 submissions received being anonymous or with names withheld. What is significant about these figures is that they clearly point to the fact that this bill addresses matters which are sensitive in nature and indicative of trepidation on the part of those opposed to the bill to speak out publicly.

The Queensland Law Society raised concerns about the lack of certainty around how the framework will operate in practice. Yet again the Palaszczuk Labor government has failed to engage in proper consultation, and this will only be at the cost of Queenslanders. Further, the number of women's groups that expressed concerns about this bill should not be dismissed, particularly their concerns about what this means for their safe spaces, including: bathrooms, same-sex schools, refuges, prisons and other spaces. They also raised issues with the lack of consultation. Evidently, this is a significant legislative change with widespread community interest. The government has an obligation to listen, and proper consultation for a sensitive bill of this nature is imperative. Entirely dismissive of these concerns, Labor has proceeded with this bill.

I acknowledge those opposite, whom I have heard during this debate proudly supporting the social agenda being imposed on Queensland by this government. In her second reading speech the Attorney-General highlighted how this legislative change enhances the government's affirmation model, but as legislators we must ensure legislative changes will not harm those we are trying to help. Medical professionals working with children at the Queensland Children's Hospital have some serious concerns about the affirmation model being forced on them by the social agenda of this government and have been demanding an independent review of the dangerous practice and associated outcomes at the Queensland Children's Gender Service, or QCGS.

Gender dysphoria and cross-sex behaviours in children are known to be rare. Before this government model the incidence of childhood cross-sex identification in male children was reported to be one in 10,000. In female children it was one in 27,000. Today the prevalence of gender dysphoria in children is reported to be one to four per cent. The sex ratio has also changed dramatically. It is now predominantly teenage girls who report gender dysphoria, which is evidence of a social contagion.

In 2022 the Queensland Children's Gender Service engaged with 922 children. There were 616 new referrals, 80 children were placed on puberty blockers, with 102 children placed on cross-sex hormones. In stark contrast, the number of children in Queensland administered puberty blockers in 2014 was two. By 2018 this had risen to 171. Compared to other states, at this time, there were 34 in New South Wales, 35 in Western Australia and 30 in Victoria.

The affirmation model involves using a child's preferred pronouns and supporting them to socially transition and consider taking puberty blockers and cross-sex hormones and eventually have surgery to change their body to the gender they perceive themselves to be. Parents are told it is important to affirm their child in order to prevent their child dying by suicide. The suicide rate among children with gender dysphoria attending the largest gender clinic in the world—GIDS at Tavistock in the United Kingdom—was 13 per 100,000. This suicide rate is similar to other children and adolescent mental health clinical populations. The suicide rate in the general community in Australia is as follows: adolescents aged 15 to 17, 8.9 in 100,000 in 2021; and children aged 14 and below, 0.7 per 100,000 in 2021. Prior to the affirmation model, 60 to 90 per cent of children with gender dysphoria became comfortable with their own body after going through adolescence.

The use of puberty blockers causes 98 per cent of children on them to subsequently take cross-sex hormones. The two extensive studies that have been conducted on puberty blockers have not shown any improvement in mental health outcomes from their use. It is a fact that children who receive puberty blockers in Tanner stage 2—usually at about the age of 11—and then subsequently go on to cross-sex hormones will be infertile and will never have the capacity for sexual pleasure. Males who take oestrogen for one year will be rendered permanently infertile. Females taking testosterone have a reduction in their fertility and experience a number of other serious side effects increasing their risk of requiring a hysterectomy. Cross-sex hormones have a range of side effects, including cardiovascular risks for females on testosterone, and stroke and cancer risks for males on oestrogen. Puberty blockers cause the young person's bone density to stagnate at a time of life when bone density increases. They also have cognitive and emotional impacts.

There are questions that senior medical professionals at the Queensland Children's Gender Service want answers to, and they have asked me to ask these questions on their behalf. They have been demanding the medical director of the Child and Youth Mental Health Service call for an independent review into the practices and outcomes of this service, but they fear their concerns are being ignored because of political pressure and a potential conflict of interest with the manager of the gender clinic, who is the managing director of the Child and Youth Mental Health Service and also the child and adolescent mental health adviser to the Mental Health Alcohol and Other Drugs Branch. They have questions to the Attorney-General and the health minister specifically about this legislation and how it supports the government's affirmation model, and they are as follows.

Given the growing international understanding that the research evidence supporting the use of puberty blockers in children with gender dysphoria is very poor—to the extent that the UK now plans to restrict the use of puberty blockers for gender dysphoria to children enrolled in clinical research trials only—what is the government doing to protect Queensland children with gender dysphoria from harms that may follow from the ongoing unregulated, off-label prescription of puberty blockers by doctors in the Queensland Children's Gender Service? A recent study by researchers from the UK Gender Identity Development Service found that the social transition of children with gender dysphoria was not associated with any improvement in mental health outcomes. The researchers who developed the original Dutch protocol which involves giving puberty blockers to children on the cusp of adolescence also specifically warned against the social transitioning of children in their research paper.

Recently, one of Australia's leading medical indemnity insurers—MDA National—informed medical providers that 'due to the high risk of claims arising from irreversible treatments provided to those who medically and surgically transition as children' they will not indemnify healthcare workers who prescribe gender-affirming hormones to any patient under the age of 18. Does the Queensland government have any plans to conduct a systematic review of the evidence for the use of puberty blockers and cross-sex hormones for the treatment of gender dysphoria in children and adolescents? It is known that children and adolescents attending gender clinics have high rates of adverse childhood events, including exposure to trauma and being placed in out-of-home care. How many children with gender dysphoria currently under the protection of the minister through the department of child safety

are being socially or medically transitioned? How many children in public schools in Queensland are being socially transitioned without the knowledge of their parents? If there are no records of this, why not?

These are the questions that senior medical professionals at the Queensland Children's Hospital want answers to. Any real or perceived conflict of interest on the medical director of the gender clinic should not allow the silencing of serious concerns raised by these senior medical professionals. These medical professionals who have dedicated their lives to helping children deserve answers to their legitimate questions, and I am sure all Queenslanders do too.