LGB Alliance Australia
Level 2, 11 York Street
Sydney NSW 2000
5 January 2021

Tamara Cavenett

President, Australian Psychological Society

CC

Dr Lisa Chantler, Chair, College of Clinical Psychologists
Dr Zena Burgess, APS Chief Executive Officer
Dr Catriona Davis-McCabe, President-elect APS

Dear Ms Cavenett,

Thank you for initiating a review of the Australian Psychological Society guidelines for clinical management of gender dysphoria and gender incongruence.

We view the current APS guidelines as unsafe for young people likely to grow up to be lesbian, gay, or bisexual. We find them so ill-informed that APS policy is in effect facilitating egregious harm to LGB (lesbian, gay and bisexual) young people. The practice of automatic gender affirmation is creating a cohort of young detransitioned lesbians and gay men who have been sterilised by medical intervention, and who now live with lasting injury from puberty blockers, cross-sex hormones, and surgeries. Continued APS facilitation of these risks and outcomes is an abuse of human rights.

Overview:

The body of evidence shows a strong correlation between gender nonconformity and dysphoria in childhood and adults who are gay, lesbian or bisexual. This evidence is not hidden. It is not hard to find. However, it has been ignored by LGBTQ groups advising health governance organisations about policy for young people experiencing gender incongruence. Consequently, health governance bodies have adopted 'affirmative' policy positions that ignore the needs of LGB youth*[1] and put young people at risk of harm ('*LGB youth*' refers to young people likely to grow up to be adult lesbian, gay or bisexual people. LGB people come to know their sexuality as they move through puberty and mature into adulthood).

The harms we are concerned about are serious. With LGB people overrepresented amongst rising numbers of detransitioners, harms include sterilisation and castration, loss of sexual function and sensation, nerve

[1] * Children need PUBERTY to discover if they are same sex attracted. Sexual orientation is discovered through maturation in the sexed body.

damage, painful scar tissue, infection, bone density loss, bladder issues, chronic pain, and other medical complications. Female detransitioners often regret having a permanently deeper voice and facial hair. Male detransitioners often regret increased breast growth and resulting scar tissue if this is removed. Detransitioners that have had a hysterectomy or orchiectomy will be reliant on regular doses of synthetic hormones for the remainder of their lives. The psychological difficulties of those who experienced clinician-enabled harm are complex.

In the past, the APS has been a strong advocate for the wellbeing of same sex attracted people. This is appreciated by the LGB Alliance Australia. We believe the current policy problems have been created because LGBTQ advocates that formerly represented the needs of LGB people are now driven by preoccupation with queer theory. The abrupt shift to queer ideology, with its denial of sex and same-sex attraction creates many risks for LGB youth. As a result, new organisations are emerging to represent gay, lesbian and bisexual people including LGB Alliance groups in Australia and many other countries.

Because the risks of harm to LGB young people are so serious, we ask that the APS immediately suspend your current recommendations for 'affirmation only' mental health practices, and that you convey this suspension to your members. It is not safe to continue with these guidelines during the two years it may take to conduct your review.

We note that your members have been exposed, via several articles in *InPsych*, to a dominant narrative that *all* gender nonconforming children and youth with gender dysphoria are necessarily 'trans'...in other words, communication that ignores the evidence pertinent to LGB young people. We are extremely concerned that your well-intentioned membership, having absorbed this reductionist view, will be unable to safeguard the interests of LGB people. We ask that you take steps to remedy this by featuring *InPsych* articles that inform members about the key issues covered in our appended recommendations for evidence: how most children with childhood gender dysphoria resolve it via puberty; how most of these children grow up to be gay men or lesbians; and the harmful impact of gender stereotypes - particularly on gender nonconforming LGB people.

We note also that your current guidelines do not mention detransitioned people, yet your members need to be aware of their difficulties and complex needs in order to provide them adequate psychological support. The regret experienced by detransitioners often involves distrust of health professionals who facilitated harm. For this reason, it is important that psychologists understand what detransitioners say about their experiences and needs via articles in *InPsych* magazine and within practice guidelines. We believe that without this effort to inform your members, they will continue to work blind to the needs of LGB and other vulnerable people.

We note that your Code of Ethics requires psychologists to:

- *"Anticipate the foreseeable consequences of their professional decision, provide services that are beneficial to people and do not harm them" and "take responsibility for their professional decisions"*

- *'Conduct' means any act or **omission*** (such as thorough assessment, differential diagnoses, and awareness of risk specific to LGB people), and that
- *"The principle of Propriety incorporates the principles of beneficence, non-maleficence (including competence) and responsibility to clients, the profession and society"*

Your current policies facilitate harm to LGB people.

Given that we are talking grievous harm, involving sterilisation, removal of organs and permanent injuries to LGB and other vulnerable young people, there will inevitably be legal cases. In sending you this letter with its attachments, we are providing you with the means to critically examine the needs of LGB and other young people vulnerable to the networked surge in trans identification. We urge you to base your policies on high quality evidence rather than inconclusive, poor-quality research pushed by queer ideology. **While our primary intent is that the APS should cease reckless automatic gender affirmation, this submission also provides a record that you have been alerted to the risks. Such a record may be useful to future litigants.**

We take seriously the protection of our youth; we will take what legal and public actions necessary to do due diligence to our community. In this we are supported by other LGB groups, the Coalition of Activist Lesbians Inc Australia, and LGB Tasmania.

- Our **recommendations** are attached. These include:

  Attachment A - Recommendations for evidence to examine while developing policy that is safe for LGB and other vulnerable young people.

  Attachment B - Recommendations to the APS taskforce reviewing gender policy and communications

- We also attach separately a **critical review of AusPATH guidelines** from the Society for Evidence Based Gender Medicine.

Yours faithfully,

LGB Alliance Australia Inc.
The following document is not for publication

If you would like to discuss this with us, please contact **Catherine Karena**, Community Liaison via the following: ckarena@lgballiance.org.au

ATTACHMENT A: EVIDENCE THAT MUST BE EXAMINED TO DEVELOP SAFE POLICY

The exponential increase in children and adolescents referred to gender clinics in Australia, North America and Europe has been accompanied by a reversal in demographics. Whereas most children presenting with gender dysphoria used to be natal males, now the majority are girls identifying as male during adolescence. During this period, health governance organisations ended the 'watchful waiting' approach that had hitherto been associated with high desistance rates where the young person would cease identifying as transgender and identify as a gay man, lesbian, or bisexual person upon reaching adulthood. This has been replaced with 'affirmative care' in which every child or young person presenting with gender dysphoria and/or trans identity is assumed to be a 'trans kid.' With this policy switch came serious risks for children and adolescents likely to grow up to be lesbian, gay, or bisexual adults.

LGB Alliance Australia believes that the current APS 'affirmation only' policy is unsafe for LGB and other vulnerable young people.

As teenage trans identification has surged across western countries, red flags have been raised that youth likely to grow up as lesbian, gay or bisexual are being swept into a one-size-fits-all model of care. Staff at the UK Tavistock Clinic stated *it feels like conversion therapy for gay children*:

- *"So many potentially gay children were being sent down the pathway to change gender...there was a dark joke among staff that "there would be no gay people left."*
- *"I frequently had cases where people started identifying as trans after months of horrendous bullying for being gay."*
- *"Young lesbians considered at the bottom of the heap suddenly found they were really popular when they said they were trans."*
- *"We heard a lot of homophobia which we felt nobody was challenging. A lot of the girls would come in and say, 'I'm not a lesbian. I fell in love with my best girlfriend but then I went online and realised I'm not a lesbian, I'm a boy. Phew.'*

In the first instance we ask that the APS working group read the following essay that describes the risks and the consequences of ignoring them:

Uncritical Allegiance: when linear thinking hurts gay kids

Further to this and in order to create safe policy, we ask the working group to make a firm commitment to examine evidence relating to risks outlined in this document.

1. The body of knowledge that was ignored: gender dysphoria in LGB people

Childhood gender dysphoria is strongly associated with gay, lesbian, or bisexual outcomes, and most children resolve dysphoria during maturation. We ask that you carefully explore the body of evidence which shows, prior to the current era of affirmation-only, that children with persistent gender dysphoria

are in the minority, and that the majority of children resolved their gender dysphoria as they matured through adolescence.

1.1 A review of 10 studies by Ristori and Steensma found that 61% - 98% of children diagnosed with gender dysphoria (GD) desisted (did not continue to experience dysphoria at follow-up):

"The conclusion of these studies is that childhood GD is strongly associated with lesbian, gay or bisexual outcomes and that for the majority of the children...the gender dysphoric feelings remitted around or after puberty" (Ristori 2016)

1.2 The strong correlation between gender non-conformity and dysphoria in childhood and people who grow up to be gay, lesbian or bisexual.

We ask APS to examine:

In the era before transgender identities, children who gravitated towards toys and activities typical of the opposite sex were far more likely to grow up to be gay or lesbian (e.g. Rieger et al. 2008). This demonstrated in a large-scale longitudinal study of children born in 1991-92 (Li, Kung, and Hines 2017).

A longitudinal study of boys presenting to a gender clinic during the era of 'watchful waiting', which shows only 12.2% persisted with gender dysphoria, 87.8% desisted (resolved gender dysphoria), and *63.6%* ***grew up to be gay*** (Singh 2021)**.**

UK research showing 66% of girls presenting with gender dysphoria were lesbian, 21% bisexual, and only 8.5% heterosexual. Of the boys, only 19% were heterosexual (Holt 2014).

A study that show homophobic bullying preceding adolescents identifying as trans (DeLay 2018).

Gender Health Query: Anti-gay/lesbian/bisexual, tomboy and female attitudes can fuel trans identification

1.3 Puberty blockers disrupt resolution of gender dysphoria - this is consequential for children likely to grow up to be gay or lesbian

In most western countries, the era in which the majority of children resolved gender dysphoria as they matured has ended, because the widespread model now is linear affirmation (social transition followed by medicalisation). This is significant for LGB youth who would normally resolve gender dysphoria as they move through puberty.

Although puberty blockers are presented as 'reversible,' research shows that the overwhelming majority of children who are given puberty blockers go on to cross-sex hormones. This is hugely significant for LGB youth who would normally resolve gender incongruence and dysphoria. Instead of normal resolution through developmental stages, puberty blockers set them on course for lifetime pharmacological dependence and increased risk of cardiovascular disease, osteoporosis, thrombosis, sterility, and likelihood of sexual dysfunction.

We ask you to examine:

> Brik et al, *Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria*, 2020. The 'vast majority' of children on puberty blockers went on to cross-sex hormones.

> Carmichael et al, *Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK*, 2021 ….98% of children on puberty blockers went on to cross-sex hormones.

> Social transition itself is an intervention that sets children on course for medicalisation. As WPATH board member and trans surgeon Dr Marci Bowers noted *"You're going to go socially to school as a girl, and you've made this commitment. How do you back out of that?"*

1.4 Social transition disrupts resolution of gender dysphoria - this is consequential for children likely to grow up to be gay or lesbian

Evidence suggests that social transition impedes natural developmental processes whereby most children resolve gender dysphoria. Since most of these children would normally grow up to be gay or lesbian, this is very significant. It can lock them into a 'trans the gay away' trajectory and lifetime medical dependence.

In "Time to Hit Pause on 'Pausing' Puberty in Gender-Dysphoric Youth", Dr. William Malone a board-certified endocrinologist. He is a graduate of Stanford University (B.A., Human Biology) and New York University Medical School.

"*We don't yet know the long-term trajectories of socially transitioned minors, but emerging evidence suggests that they may be more likely to persist with gender-related distress rather than outgrow it, as previously observed. This in turn necessitates decades of invasive and risky medical interventions. In fact, the Dutch researchers who pioneered the protocol used to medically transition minors (see A Brief history of the Dutch Protocol) explicitly and strongly discouraged social transition of children and early adolescents.*"

We ask APS to examine:

> That social transition is a psychosocial intervention that might be characterised as iatrogenic. Zucker, K. J. (2019). Debate: Different strokes for different folks.

> Evidence that social transition by the child is strongly correlated with persistence in natal boys. Steensma et al (2013). Factors associated with desistence and persistence of childhood gender dysphoria: a quantitative follow-up study.

Social transition health risks from binding and tucking

The caution from Dutch doctors on social transition can be found in de Vries et al 2012

2. The risk to LGB youth is evident from the stories of detransitioners

To create safe policy, it will be necessary for the APS working group to review studies and accounts of detransitioners. Amongst them are young people who came to realise they were lesbian, gay or bisexual. For LGB youth, their experience of gender non-conformance and dysphoria was seen, at the time of their transition, by themselves ***and*** by health professionals through a single lens of transgender identity. A common theme is that clinicians showed little or insufficient interest in complex issues.

Given current APS policy and dominant one-size-fits-all narrative, it is hard for us to have confidence that LGB people will be safe exploring gender issues with APS psychologists. We urge your taskforce to commit to learning how LGB people experience gender incongruence and dysphoria.

We ask APS to examine:

The account of Kiera Bell, a gender nonconforming, same sex attracted teenager who regrets mastectomy and changes to her body. Note how adults around her interpreted her gender nonconformity as being a sign that she could be trans without consideration of her trauma history or sexual orientation.

Please watch this video in which a detransitioned woman shares her story: *"When I was a kid, I never saw a butch woman...a woman I could ever imagine myself being. Maybe if I had, I wouldn't have gone down the path I did. Maybe being female wouldn't have been a source of so much pain for me."*

Lisa Marchiano's article The Ranks of Gender Detransitioners are growing. We need to understand why. Note the issues for lesbians.

A conversation with Carol will help you understand how the straitjacket of gender stereotypes contributes to dysphoria for butch lesbians of any age.

Meet Lauren Black "I am a butch lesbian. I live with gender dysphoria. I do not believe my deep discomfort with my female body means that I should take steps to change it"- one of the stories in Gender Dysphoria Alliance.

Transman Aaron Kimberley's reflections in 'When we were butch'

"*What have we done? Have we eliminated all of the conditions for why a butch girl would find their innate masculinity hard to live with? Have we made the lives of butch women better and safer?"*

Dysphoria is so GAY! With Arty and Robbie Two transmen explore gender dysphoria with with two gay men who believe they would be on a transition track if growing up today. One of the excellent episodes on Transparency Podcast

Feminine Boy to Gay Man Two therapists interview Arty Morty about growing up as a very feminine boy. From Gender: A Wider Lens Podcast

3. Research on detransition

To create guidelines that are safe for LGB youth and other vulnerable young people, it will be necessary to carefully appraise detransition research. LGBTQ advocates cite a paper by Turban et. al. which found that the main reason for detransition was lack of support. This is misleading as it was not a study of ***de***transitioners. It was a survey promoted by transition advocacy networks for people who ***identified as transgender*.**

We ask APS to examine:

A 2021 survey of 237 detransitioners that found the most common reasons given for detransitioning was the realisation that *my gender dysphoria was related to other issues* (70%), *health concerns* (62%) and *transition did not help with my dysphoria* (50%). (Vandenbussche 2021)

The 2021 Littman study of 100 detransitioners that found *"psychosocial factors (such as trauma, mental health conditions, maladaptive coping mechanisms, internalised homophobia, and social influence) can cause or contribute to the development of gender dysphoria in some individuals".* (Littman 2021). Baseline characteristics included high rates of same-sex attraction and 23% of participants stated that internalised homophobia played a role in their desire to transition.

- *"Transitioning to male would mean my attraction to girls would be 'normal"*
- *"I felt being the opposite gender would make my repressed same-sex attraction less scary"*
- *"I didn't want to be a gay man"*
- *"At the time I was trying to figure out my identity and felt very male and thought I was transgender. I later discovered that I was a lesbian"*
- *"...after deep discovery, I realized I was a gay man and realized that sexual trauma after puberty might have confused my thought. I wanted to live as a gay man again"*

- *"What would have helped me is being able to access... lesbian community. I needed access to diverse female role-models and mentors, especially other butch women"*
- This study also found high rates of mental health diagnoses and traumatic experiences in girls prior to the emergence of gender dysphoria.
- Female detransitioners cited reasons for transition that included: *'I felt I would be more socially acceptable as a member of the target gender'* (55%); *'I felt I would be treated better as a member of the target gender*' (50%) and *'I thought transitioning would reduce gender-related harassment or trauma'* (50%)

4. Clinical support for detransitioned people

We note that current APS policy provides no guidance to members on how they might support detransitioners who have complex needs. Given that transition regret often includes lack of trust of health professionals who facilitated harm, there is a risk that detransitioned people could seek help from a psychologist who, being ill-informed, amplifies the harm.

We think it important that the APS provide members with guidance on therapeutic care of people who detransition. The taskforce will not be able to make a decision about this without first listening to the experience of detransitioners.

We ask APS to examine:

Detransitioners report being shunned by LGBTQ networks and getting little help from health professionals. Listen to Sinead in this video.

Stories from detrans people at Post Trans and Detrans Voices.

Detrans people have had to self-organise support. The APS panel would better understand their needs if you read the booklet: Gender Detransition: the path towards self-acceptance.

A subreddit forum on detransitioning/desisting now has 23 thousand participants.

Transgender regret: detransitioners got poor care while transitioning

https://www.medscape.com/viewarticle/962270#vp_3

No, transition regret is not like regretting a tattoo - blog of Some Nuance Please

https://somenuanceplease.substack.com/p/no-transition-regret-is-not-like

Social influence - from Some Nuance Please

https://somenuanceplease.substack.com/p/social-influence-and-detransition

IATDD International Association of Therapists for Desisters and Detransitioners

Introduction to detransition for therapists

https://iatdd.com/introduction-to-detransition-for-therapists/

Therapeutic needs of desisters and detransitioners

https://iatdd.com/therapeutic-needs-of-desisters-and-detransitioners/

Butler, Catherine, and Anna Hutchinson. 2020. 'Debate: The Pressing Need for Research and Services for Gender Desisters/Detransitioners'. *Child and Adolescent Mental Health*.

Gaps in knowledge for provision of therapeutic care

https://stephaniewinn.substack.com/p/proposal-submitted-continuing-education?r=ttqbt

5. The importance of science-based information about biological sex

Grounding in the reality of biological sex is relevant to transition and mental health, as articulated by transsexual Corinna Cohn. Fifteen years of post-transition deep depression and dysphoria lifted with self-acceptance: "It was an epiphany.... encounters that had previously left me confused and anxious started to make more sense when I realized I'd experienced them as a *transsexual* and not as a *woman*."

For 30 Years, I've Tried to Become a Woman. Here's What I Learned Along the Way

There is now widespread confusion about the difference between sex and gender. It is common to hear a denial of biological sex via the assertion that '*sex is a spectrum*.' There is no scientific basis for this. Sex is binary. Males produce sperm. Females produce ova. Evolution involved sexual selection. No mammal has ever changed sex.

Helpful, science-based information:

Sex deniers are the new flat earthers

The new evolution deniers

Why sex is binary (5 min video)

Intersex: a third sex category? (11min video)

6. Network dynamics amongst client populations

The drafting of a safe APS guideline will necessitate going beyond the assumption that all gender dysphoria must be understood solely in terms of a private and immutable 'gender identity.' The exponential surge and demographic flip in teenage trans identification requires exploration of network dynamics.

We ask APS to examine:

The full text of the descriptive study on a phenomena of networked, clustered trans identification amongst teenage girls (Littman 2018). Because of attempts to suppress this paper, we ask you to read the defence of Littman's methodology (2020)

What detransitioners say about the influence of social media on the emergence of their trans identity.

The book by Abigail Shrier examines the surge in girls identifying as boys in the context of social pressures, including exposure to pornography that enacts degradation and suffering of females.

The report that exposed how Instagram is harmful to girls who cannot match impossible expectations for female bodies. This is part of the context for the surge in trans identification.

The emergence of other internet-influenced social phenomena e.g. 'Tourettes from Tiktok' where girls presenting to neurology clinics had followed 'tiktok' social media influencers.

An overview of network dynamics by Nicholas Christakis. Christakis and Fowler used longitudinal data to show network impacts on binge drinking, smoking cessation, altruism, and depression. If network dynamics are so significant in adults, why would they not be active in adolescents?

7. Network dynamics amongst psychologists

The creation of safe policy requires a climate of open enquiry, exchange, and learning. We are aware that psychologists have been verbally attacked on psychology Facebook groups for expressing concern about the surge in adolescent trans identification. We are concerned that a cultural environment has developed that hinders the ability to learn, question and consider evidence in relation to these issues. We encourage the APS to remedy this situation by conveying to your members that diversity of opinion, respectfully conveyed, is not just acceptable but desirable for development of safe practice. We think it important that the APS develop an understanding of network dynamics in transmission of norms, feelings, and behaviours, reflect on how these may impact the broader context for APS policy and practice, and consider that health professionals are not immune from cultural syndromes.

We ask APS to examine:

> **'Culture-bound syndromes:** satanic panic, multiple personality disorder and ROGD' - an exploration of network phenomena relevant to the surge in adolescent transgender identity.
>
> **When Psychiatry Battled the Devil** - a brief description of how mental health clinicians helped feed the satanic panic. Even highly trained professionals can get swept along by network influences. Is there a safe environment for the sharing of evidence and ideas amongst psychologists? Or would only the bravest APS members feel able to express concerns about gender policy?
>
> **Uncritical Allegiance: when linear thinking hurts gay kids** addresses how 'bubble thinking' enables harms to accumulate. This is directly relevant to risks for LGB youth ***and*** to reports that some APS members are self-censoring because they fear attack for voicing their concerns.

8. Puberty Blockers are harmful

In 2014, Dr Michelle Telfer of the Royal Children's Hospital in Melbourne told the Langley family that if their child Isabelle decided to, 'we can stop this drug, and your body goes back to how it would have been *with no long-term consequences* '. This interaction was broadcast on ABC Four Corners 'Being Me" 17/11/14.

The Langley family, and what Dr Telfer told them in 2014, feature again in 'A Balancing Act'. However, she is presented as saying to them: 'We can stop this drug, and your body goes back to how it would have been…'(at12:50). In other words, the phrase 'with no long-term consequences' has been cut out.

This matters because of recent admissions that the long-term consequences of puberty blockers are unknown.

See, for example, the amendments to advice about puberty blockers made on the UK's National Health Service website.

Up to early June 2020 it read "The effects of treatment with GnRH analogues *are considered to be fully reversible*, so treatment can usually be stopped at any time after a discussion between you, your child and your MDT." (Emphasis added)

Later in the month, the guidance had been altered to actually reflect how "*little is known*" and, more importantly, how little has been known:

- "***Little is known about the long-term side effects of hormone or puberty blockers*** in children with gender dysphoria" (Emphasis added)

- "Although the Gender Identity Development Service (GIDS) advises this is a physically reversible treatment if stopped, it is not known what the psychological effects may be.
- ***"It's also not known whether hormone blockers affect the development of the teenage brain or children's bones***. Side effects may also include hot flushes, fatigue and mood alterations." (Emphasis added)

The change from describing puberty blockers as "fully reversible" to saying how "little is known" is highly significant. The myth that puberty blockers are reversible seems to coincide with the idea that being diagnosed with gender dysphoria means that one must socially and medically transition.

Puberty blockers are experimental, off label and can cause harm.

ACON's TransHub.org assigns three drugs as "puberty blockers" in Australia for the use of minors: Goserelin, Leuprorelin and Triptorelin. The website advises these medications to be taken periodically 3-5 times per year from 9-11 years old. These drugs however are only approved for endometriosis, chemical castration for men with obsessive sexual desires, prostate cancer and for these conditions their labels advise short treatment periods only, no more than 5 months. They are not licensed for adolescent gender dysphoria; their use as 'puberty blockers' is off label, nor is it recommended that they be used 3-5 times per year over a number of years on healthy bodies given the medical consequences of long-term use.

Usually, before a drug is even tested on humans, let alone approved for use, animal studies are conducted; there have been three animal studies.

> Nuruddin, S. et al. (2013) shows that sheep's brains are demonstrably altered by puberty blockers Peri-pubertal gonadotropin-releasing hormone analog treatment affects hippocampus gene expression without changing spatial orientation in young sheep.
>
> Hough, D. et al, (2017) shows that sheep's ability to navigate a maze is impaired long after stopping puberty blockers. 'A reduction in long-term spatial memory persists after discontinuation of peripubertal GnRH agonist treatment in sheep'.
>
> Anacker et al. (2021) demonstrate the dramatic effect of puberty blockers on mice: males develop stronger preference for other males and an increased stress response; females exhibit increased anxiety and despair-like behaviour. 'Behavioural and neurobiological effects of GnRH agonist treatment in mice: potential implications for puberty suppression in transgender individuals.'

Under normal circumstances such adverse animal findings would halt human trials and preclude their use in humans unless the consequences of not treating were demonstrably worse than the consequences of treating as is the case in precocious puberty and prostate cancer where GnRH agonists are approved under strict conditions and limited period of time.

It appears that ideological pressure has led to normal scientific protocols being overridden. The use of puberty blockers in gender dysphoric children amounts to experimentation with recent reports from the first Gender Clinics in Sweden documenting serious adverse effects and physical deformities in youth 3-4 years since start of treatment.

We ask APS to examine:

William Malone et al. *Puberty Blockers for Gender Dysphoria: The Science Is Far from Settled* The Lancet, 2021.

David Pilgrim and Kirsty Entwistle, *GnRHa ('Puberty Blockers') and Cross Sex Hormones for Children and Adolescents: Informed Consent, Personhood, and Freedom of Expression* *The New Bioethics* 2020

Michael Biggs Puberty Blockers and Suicidality in Adolescents Suffering from Gender Dysphoria, *Archives of Sexual Behavior*, 2020, pp. 2227-2229. https://link.springer.com/article/10.1007/s10508-020-01743-6

Michael Biggs Revisiting the Effect of GnRH Analogue Treatment on Bone Mineral Density in Young Adolescents with Gender Dysphoria, *Journal of Pediatric Endocrinology and Metabolism*, 2021, pp. 937–939. https://www.degruyter.com/document/doi/10.1515/jpem-2021-0180/html.

Society for Evidence Based Gender Medicine New Systematic Reviews of Puberty Blockers and Cross-Sex Hormones Published by NICE

Society for Evidence Based Gender Medicine Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies. Concerns over medical harm and uncertain benefits result in a major policy shift

Gender Health Query Medical consequences of hormone blockers

SEGM Finland prioritizes psychotherapy over hormones, and rejects surgeries for gender-dysphoric minors

Transgender Trend *Are Puberty Blockers Reversible? The NHS No Longer Says So* Webpage details important shifts in NHS advice re gender dysphoric children and adolescents (accessed 30/6/20)

The BL Sweden: Hormone treatments for sex change in children causes serious harm, research reveals The Swedish research team, Uppdrag Granskning, revealed that at least 13 children in Stockholm, Sweden, subjected to hormone-blocking treatments to promote their gender change, suffer serious adverse effects and physical deformities.

James Kirkup, "The NHS Has Quietly Changed Its Trans Guidance to Reflect Reality," *The Spectator*,

June 4, 2020. https://www.spectator.co.uk/article/the-nhs-has-quietly-changed-its-trans-guidance-to-reflect-reality

9. The adoption of safe policy following evidence reviews

Internationally there is now a move to revise gender policy to better align with the principle of 'do no harm.' When the evidence used in support of paediatric medical transition is reviewed, it is found to be weak, inconclusive, or misleading.

We ask APS to examine:

The 2021 NICE evidence review (UK National Institute for Health and Care Excellence) found that studies evaluating the use of puberty blockers for adolescents were of very low quality. They found similar flaws with the evidence for cross-sex hormones. The Society for Evidence Based Gender Medicine summarised this NICE review with: "The irreversible nature of the effects of cross-sex hormones, and the potential for puberty blockers to alter the natural course of identity formation should give pause to all ethical clinicians"

New Systematic Reviews of Puberty Blockers and Cross-Sex Hormones Published by NICE)

In Sweden, a new cautious stance on paediatric gender transitions adopted by the Karolinska and other hospitals

In Finland, a policy change to prioritise psychotherapy over hormones, following a review that found inconclusive evidence for paediatric transition.

In Australia and New Zealand, the new RANZCP position statement acknowledges a paucity of evidence and that "professional opinion is divided as to whether an affirmative approach should be taken in relation to treatment of transgender children or whether other approaches are more appropriate". The RANZCP shift from 'affirmation only' to holistic care is summarised here.

The attached review of AusPATH guidelines by the Society for Evidence Based Gender Medicine.

Prominent WPATH and USPATH members call for caution

In this Washington Post article, psychologists Dr Laura Edwards-Leeper (WPATH) and Erica Anderson (USPATH) blow the whistle on rubber-stamp 'affirmation' and call for exploratory therapy for children and teens presenting with gender dysphoria.

Trans doctors blow the whistle on 'sloppy' care - Dr Marci Bowers has conducted thousands of vaginoplasty surgeries and warns that children on puberty blockers may experience lifelong sexual dysfunction. *"If you've never had an orgasm pre-surgery and your puberty's blocked, it's very difficult to achieve an orgasm. I consider that a big problem..."*

10. The new, hostile environment for LGB young people

The abrupt shift to queer ideology impacts LGB people, particularly young people coming to realise they are same sex attracted. In just a few years, homosexuality has been redefined as 'same-gender attraction' instead of 'same-sex,' negating decades of work to establish that homosexuality is a sexual orientation, not a preference. If it were a preference, gay men may have simply chosen heterosexuality rather than be tortured by electroconvulsive therapy with the intent to change their sexual orientation in practices past. Decades of research into the harms of conversion practices show that sexual orientation is innate, and both physical and psychological harm to individuals can result from attempts to change it

In the new queer cultural landscape young LGB people are expected to '*unlearn their preferences.'* Lesbians and gay men who state they are same sex attracted are told they are bigots in moralising Tiktok videos. Lesbians *should* make public announcements that they welcome sex with male-bodied people (most transwomen keep their penises). Failure to comply risks accusations of transphobia and bigotry, sometimes accompanied by sexualised threats such as "choke on my d–k" as well as facing social rejection and ostracisation

Homosexuality and heterosexuality are stable patterns of sexual orientation. The word **sex** in each word tells us that this is about the sexed body. We make sense of our sexuality through our senses, experiencing desire as we move through puberty.

It is important that psychologists understand this new cultural landscape and its impact on LGB people. Young people have difficulty coming to terms with same sex attraction if shamed for describing their experience and personal boundaries. The new cultural rules are mirrored in gathering spaces. Lesbians may be banned from lesbian dating apps if they state their exclusive interest in meeting biological women. While it's considered acceptable to specify material qualities like height on dating apps, gay men might be suspended if they specify biological sex. In Tasmania, it is illegal to organise events specifically for same sex attracted women or men.

We are profoundly saddened and disturbed to witness the new hostile environment for young LGB people: bullying, sexual harassment, and social control regarding same-sexual orientation. We think it important that psychologists understand these phenomena and its connection to the other issues covered in this document.

We ask APS to examine:

LGLF - The new homophobia

LGLF - The boxer ceiling - the attack on gay men who say they are attracted to male bodies.

Scroll down to see online abuse directed at gay men

Lesbians aren't attracted to a female 'gender identity'. We're attracted to women. Explains the consequences for young lesbians of the expectation that they should accommodate male bodies.

Lesbians pressured into unwanted sex: We're being pressured into sex by some transwomen

11. A return to safe practice: assessment and exploratory, holistic therapy

We urge the adoption of policies that encourage safe practice that would normally be associated with the APS: comprehensive assessment, differential diagnosis, and exploratory therapy for gender questioning and dysphoric youth and young adults. It is important to note that APS support of 'conversion therapy' legislation supports the introduction of laws that potentially criminalise this kind of ethical work. A close examination will show that this ill-considered policy stance will have a chilling effect on the kind of exploratory therapy that LGB youth need, compounding risks for this and other vulnerable client groups. In other words, a policy that, paradoxically, enables harmful 'conversion' of lesbian and gay young people to appear 'straight' by conforming to gendered expectations and stereotypes: *'transing the gay away.'* For the safety of LGB people, we urge the APS to rescind your support for these bans, and to communicate this change on your website.

We ask APS to examine:

D'Angelo et al One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria, 2020

"Exploratory psychotherapy that is neither 'affirmation' nor 'conversion' should be the first-line treatment for all young people with GD, potentially reducing the need for invasive and irreversible medical procedures. This is especially critical now, when we are witnessing an exponential rise in the incidence of young people with GD who have diverse and complex mental health presentations and require careful assessment and treatment planning."

David Schwartz Clinical and Ethical Considerations in the Treatment of Gender Dysphoric Children and Adolescents: When Doing Less Is Helping More, 2021

"I am here to tell you that the psychotherapeutic relationship is still the safest and best of methods"

ReThink Identity Medicine Ethics - ReIME

Comment on the American Psychological Association 2015 Guideline 8 - Working with Gender Non-Conforming and Transgender Youth

"The goals under a truly neutral approach are: (1) "to allow the developmental trajectory of gender identity to unfold naturally without pursuing or encouraging a specific outcome" (2) provide a full assessment and exploration of the conditions and possible comorbidities that may be causing or contributing to the Youth's self-perception and distress; and (3) avoid over diagnosis and irreversible unnecessary medical interventions that the minor is not competent to consent to and may regret"

Sasha Ayad -A Counsellor explains how conversion therapy bans can cause harm

…Many also experienced homophobic bullying at school or online and came to resent their same-sex attractions and nonconformity. These clients began obsessively researching gender transition online, coming to believe it would resolve their distress. In the course of therapy, we held this gender exploration in a non-judgmental way, remaining curious about sexuality, normalizing same-sex attraction, thereby affirming their sexual orientation… In the above examples, had therapy prioritized gender affirmation, these young women might now be in the process of making unnecessary and irreversible medical changes to their healthy bodies in an attempt to become boys.

Parkinson & Morris Psychiatry, psychotherapy and the criminalisation of 'conversion therapy' in Australia 2021. *"The chilling effect of these laws may deter psychiatrists and psychotherapists from providing patients with the mental health support that they need."*

Susan Evans and Marcus Evans, Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents, and Young Adults, 2021.

12. The gulf between the APS Code of Ethics and current gender policy

The APS has an excellent Code of Ethics, and a reputation for supporting safe, careful, and evidence-based practice. Unfortunately, current guidance and InPsych narratives put the APS and members on course for complicity in serious harm, litigation, and reputational damage. While our focus in this submission is on LGB, this lamentable lack of care and rigor applies equally to many other people vulnerable to ill-considered 'auto-affirmation' policy: people with ASD, ADHD, mental illness, and trauma. Girls and young women are especially vulnerable, as are socially awkward boys, and young men with Autogynephilia. Current APS policies and *InPsych* narratives do not only jeopardise vulnerable people, but they also fail APS members by keeping them ignorant of risks, and by advising practices that contravene the Code of Ethics. These policies and communications expose the APS and its members to litigation.

We ask APS to examine your Code of Ethics:

"The general principle, Propriety, incorporates the principles of beneficence, non-maleficence (including competence) and responsibility to clients, the profession and society"

The Code requires psychologists to:

- *"Anticipate the foreseeable consequences of their professional decision, provide services that are beneficial to people and do not harm them"* and to *"take responsibility for their professional decisions"*
- "Conduct' means any act or **omission"**

In relation to 'omission' we note that 'automatic affirmation' downplays or omits differential diagnoses, ignores risks specific to LGB and other people, and prescribes *against* exploratory therapy. APS advocacy for 'conversion therapy' laws in Victoria, Queensland and the ACT has compounded this.

Harms (maleficence) are likely to result from APS policy and communications that push 'automatic affirmation.' These harms impact the collective - LGB people, and impact individuals.

12.1 Maleficence and ethical breaches at the collective level - human rights abuse against LGB people.

The APS Code of Ethics defines 'peoples' as a distinct human group with collective interests, and states that '*psychologists engage in conduct which promotes the protection of people's human rights. Legal rights and moral rights. They respect the dignity of all people and peoples."* Current APS policies for 'auto-affirmation' in ignorance of the vulnerabilities of LGB people represents an abuse of the human rights of LGB people.

Automatic affirmation, social transition and puberty blockers set young people on a course for medical and surgical transition who would have resolved dysphoria through maturation. We know that under 'watchful waiting' most children resolve gender dysphoria. We also know that gender nonconformity and dysphoria in childhood is strongly correlated with maturation as LGB adults.

In effect, APS policies facilitate *'Transing the gay away'* - the medical conversion of LGB children and young adults to make them 'straight.' We view these policies and *InPsych* communications as unethical and deeply prejudicial to the wellbeing of LGB people. It is particularly distressing, since our history involves murder, brutal physical assault and 'corrective rape' for being homosexual or bisexual. The bodies of homosexual people have been subjected to electric shock, induced vomiting, surgical excision of clitorises, lobotomies, incarceration and forced injection of hormones. These human rights abuses occur in many countries today. In Iran, gay men and lesbians face the choice of 'gender reassignment surgery' or state-sanctioned rape and execution, as homosexuality is punishable by the death penalty. In a BBC article, a psychologist at a state-run clinic in Iran says, 'some gay people now end up being pushed towards surgery.' In this way, Iran forcing their LGB population to live as transsexuals is a form of conversion practice for homosexuality. The fact is that gender nonconformity in homosexual people is deeply challenging to sexual stereotypes and cultural expectations. Although legal discrimination against homosexuality has ended in most

western countries, the accounts of detransitioners make clear that young people suffer from internalised discomfort with same-sex attraction, and in many cases, from bullying.

In addition to persecutory laws noted above, LGB people have been subjected to dehumanising language. It is distressing to us that now the only words we have that describe our distinctive experience have been repurposed for queer ideology, and that health professionals who have been strong supporters of LGB people have uncritically gone along with this. The APS document *Information Sheet: Sexual Identity and Gender Diversity* has redefined homosexual people in such a way that denies same-**sex** attraction as the basis of our **sex**ual orientation. Respectful engagement with lesbian and gay people must include recognition that we are people with a stable **sex**ual attraction to people of the same **sex**. This refers to biological sex, not gender identities. A lesbian woman who rejects a man, due to her sexual orientation, does not have the capacity to be attracted to him, if that same man professes to have a feminine gender identity. For LGB sexual orientation to be recognised and protected, it must be on the basis of sex, not gender.

12.2 Maleficence - Individuals harmed following automatic affirmation

We recognise the experience of transgender adults for whom medical transition has been very beneficial. This submission is about those people for whom these interventions were damaging - interventions set in motion by 'automatic affirmation' or 'affirmation only' health services. Given the accounts of detransitioners, and the exponential surge in young people identifying as transgender, it is highly likely that the numbers of people harmed by 'automatic affirmation' will increase. Where this occurs, it is seriously injurious. It is maleficence:

The sterilisation of LGB and other young people.

Surgical removal of breasts; denying women full sexual pleasure in adulthood, as well as the ability to breastfeed should they become mothers.

Sexual dysfunction. Impaired sexual function from surgeries and hormones initiated when a child or young person was unable to give informed consent.

Surgical removal of reproductive and sexual organs, and excision of erogenous zones.

Irreversible body modification such as facial hair, male-pattern baldness, permanently deepened voice and enlarged clitorises in women.

Increased risks of coronary heart disease, erythrocytosis and osteoporosis from cross-sex hormones.

Negative health effects from chest binding may not show for years.

Years spent suffering depression, anxiety, and mental health problems because comorbidities were not properly assessed or responded to with appropriate therapies.

Female-to-male genital reconstruction surgery has a high negative outcome rate, including urethral compromise and worsened mental health.
A range of negative health outcomes from transition surgeries are outlined here and here.

ATTACHMENT B: RECOMMENDATIONS TO THE APS PANEL REVIEWING GENDER POLICY AND COMMUNICATIONS

We recommend that the APS taskforce:

1. **Seek to understand** the needs of same-sex attracted people by exploring the information in the appended document A: *Evidence that must be examined in order to create safe policy.'*

2. **Convey** to your members withdrawal of your current guidelines on commencement of the review period. This is important because your current one-size-fits-all 'affirmation-only' policy is unsafe for LGB people.

3. **Educate** psychologists about the body of evidence that shows that the majority of children diagnosed with gender dysphoria resolve it as they mature through puberty, with most becoming gay, lesbian or bisexual. Convey this in your policy, InPsych articles and other communications. This is important because your members have been denied this crucial information.

4. **Educate** psychologists about the importance of exploring gender stereotypes in work with clients who experience gender incongruence and dysphoria. Convey this via policy and InPsych articles. This is important because gender stereotypes are particularly toxic for gender nonconforming children and youth and remain problematic for many gender nonconforming adults such as 'masculine' lesbians and 'feminine' gay men.

5. **Educate** psychologists about the experiences of detransitioners and their needs. Convey this via policy and InPsych articles. This is important because detransitioners may seek help from your members.

6. **Commit** to comprehensive assessment and exploratory therapy with children and adults identifying as transgender.

7. **Recommend against** the medical transitioning of children and adolescents. This is important because it is unclear if any psychologist can distinguish between the majority of children with gender dysphoria likely to desist, and the minority likely to continue to experience intense gender dysphoria after maturation.

8. **Recommend against** 'conversion therapy' laws that deters or bans exploratory therapy for gender questioning youth and adults. These laws have a chilling effect on clinical interventions needed to help people make sense of their gender nonconformity and dysphoria. With LGB youth swept up in

the surge in adolescents identifying as trans, the laws make it even more likely that young people will end up suffering regret for body modification undertaken before they learnt that they were lesbian or gay. APS advocacy for bans on the exploratory therapy needed by LGB people is egregious and constitutes a human rights abuse. We urge you to rescind APS support for these ill-conceived laws, and to communicate this on your website.

9. **Make** a clear distinction between sex and gender in your communications. Sex is biological. Gender is social. While gender expression is a spectrum, sex is binary, and no mammal has ever changed sex.

10. **Maintain** clear language that sexual orientation relates to biological sex, not gender. Lesbians are women who are same sex attracted to women. Gay men are same sex attracted to men. Heterosexuals have a stable attraction to people of the opposite sex. There are other words for people who are attracted to diverse sexes AND gender identities, such as '*pansexual.'* We ask you not to collude with queer ideology's refusal to acknowledge the same-sex orientation of gay men and lesbians. This new homophobia, like the old homophobia, requires homosexuals to change sexual orientation.

11. **Educate** psychologists about the pressures exerted by queer ideology on same sex attracted youth, so that they can support self-esteem in LGB people who maintain sexual boundaries.

12. **Distinguish** between ideas driven by queer ideology and evidence-based practice and policy.

13. **Acknowledge** that LGB Alliances represent the needs of LGB people. See our statement here. LGB youth and adults are being harmed by policies promoted by LGBTQ organisations which should have:

    - Known about gender dysphoria and desistance in LGB youth and advised accordingly, and
    - Picked up on the signals that young LGB people are being harmed.

    These safeguarding failures have shown us that groups driven by queer ideology cannot be trusted to protect the interests of LGB people. (By definition, they cannot represent the interests of same-sex oriented people if they no longer recognise homosexuality as 'same-sex'). As you revise APS policies to align with safe practice, we ask that you seek input from LGB Alliance Australia. We represent the interests of same sex attracted people and would look forward to working with you.

14. **Commit to protect LGB people from harm,** by examining the evidence presented in this submission. We understand that current APS policy results from queer ideology advocacy. However, should you fail to correct this, the APS will shift from 'ill-informed' to 'willful neglect.' This would be indefensible from any ethical standpoint.