Submission No 40

EQUALITY LEGISLATION AMENDMENT (LGBTIQA+) BILL 2023

Organisation: Active Watchful Waiting Australasia

Date Received: 14 April 2024

Active Watchful Waiting Inc.

SUBMISSION TO EQUALITY BILL

OUR COMMUNITY

The Active Watchful Waiting Incorporated Association (AWWA) comprises of parents of 'trans' youth, teachers, mental health professionals, lawyers, detransitioners, transsexual individuals, and members of the Lesbian, Gay, and Bisexual community. Our representatives are located in New South Wales, Western Australia, New South Wales, ACT, South Australia, Tasmania, Victoria and New Zealand.

OUR MISSION

Our mission is to advocate for the rights of children to a truthful and science-based education, ensure their natural growth and development, and protect them from irreversible medical interventions.

We are committed to safeguarding children's well-being by upholding their right to holistic health, preserving their future fertility and genetic heritage, and ensuring they are informed about the permanence of physical reality versus the fluidity of feelings.

We stand against the politically or commercially inspired ideological indoctrination and medicalization that jeopardizes the physical and mental health of children, advocating instead for a childhood free of unnecessary medicalization, indoctrination and enriched with factual knowledge and healthy development.

OUR OBJECTIVES:

- We advocate for mental health professionals to be empowered to provide much-needed support to gender-questioning youth, their families and detransitioners.
- We advocate for health care professionals to take a cautious, ethical, exploratory, patient-centred, conservative, evidence based, psychotherapy-focused approach to those suffering from gender distress.
- We work to inform and raise awareness of the general public and in particular politicians, health professionals, parents, teachers and journalists on the harms that mandatory gender affirmative pathways and gender medicine can cause.
- We explore and inform on the political, ideological and financial interests invested in the gender industry, and influencing schools, media, education policies and law in Australia and New Zealand.

You can find out more about us on our website – www.aww.org.au and www.indefenceofchildren.org

You can get in contact with us on email – [redacted]

Follow us on social media:

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INTRODUCTION

The proposed amendments to the Equality Bill, which include self-identification, removal of parental oversight in minors' medical decisions, and changes to birth certificates, will collectively drive children towards gender clinics, erode family bonds, undermine parental authority, and degrade women's rights, rendering women and girls second-class citizens. This bill represents a significant overreach by the state into the lives of Australian families.

At AWWA, we oppose ideologies that promote the belief that children are born in the wrong body and require medical and surgical interventions for their gender non-conformity. We stand against the notion that emotional and psychological issues can be resolved through medical treatments like cross-sex hormones, chemical and surgical castration, and other invasive procedures.

As parents, carers, and responsible adults, it is our duty to protect the health and well-being of children and young people. Yet, an increasing number of children are misled into believing they must medically alter their bodies if they do not conform to traditional gender norms. Puberty is a natural part of development, not a medical condition to be treated. Children should be supported to explore their interests and aspirations freely, without the imposition of sex stereotypes or the threat of medical intervention.

We abhor that many young Australians who deviate from gender norms are being coerced into becoming lifelong medical patients under the guise of 'being their authentic selves'. Evidence from abroad shows that vulnerable groups, including autistic individuals, victims of abuse, and those exposed to online grooming, are disproportionately likely to experience gender or body dysphoria and pursue dangerous medical procedures.

The administration of puberty blockers, cross-sex hormones, and experimental surgeries has led to a surge in individuals who later regret these interventions and face significant emotional, psychological, and physical challenges. Along with the trauma in families when the State labels parents as 'abusive' for not wanting mastectomies for the daughters, infertility or chemical castration for both boys and girls.

Lastly, we categorically reject any movement that undermines the sex-based rights of women. Self-identification laws in Australia have allowed men to claim privileges over and above the rights we all have, at the expense of women, stripping away hard-won protections under the guise of gender equality or 'inclusion'. This has led to women's diminished presence and recognition in legal and social frameworks, influenced heavily by special interest

groups and legislative changes promoting self-identification, DEI programs and sanctions on free speech. This infringes upon women's rights in private spaces, fairness in sports, and their general visibility and importance in society.

FOR THE PURPOSES OF THIS SUBMISSION

- We advocate against the New South Wales state engaging in the first stage of the gender affirmation model; social transitioning via the legal registration of a change of sex. No one can change sex.
  Please see our concerns and recommendations for:
    - We oppose the Equality Bill Proposed amendments to the Births, Deaths, and Marriages Registration Act 1995 No 62: Schedule 2(1), (5)
- We advocate against the flawed health care model of gender affirmative pathways and gender medicine knowing the harm they cause, that is based on gender identity ideology which the New South Wales has embraced either for profit, out of willful negligence or the influence of transactivist ILGA lobbies such as Equality Australia and ACON.
  Please see our concerns and recommendations for:
    - We oppose the Equality Bill Proposed Amendments to the Children and Young Persons (Care and Protection) Act 1998 (NSW). Amendments to Parental Consent (Sections 32C, 32D, 32E)
- We advocate for the human rights of minors and women and girls, which this bill violates.
  Please see our concerns and recommendations for:
    - We oppose the Proposed amendments to the Births, Deaths, and Marriages Registration Act 1995

CLARIFICATION OF TERMS & DEFINITIONS:

We contend that recent legislative amendments, presented under the guise of equality, have in fact undermined fundamental rights, particularly in areas concerning women's rights, child safeguarding, and parental authority. This erosion of rights stems from the adoption of ambiguous and often misleading interpretations of concepts related to gender. These reinterpretations have occurred with insufficient public awareness and understanding, even among lawmakers themselves. To clarify our position and foster a better understanding, we will define and discuss critical terms such as 'gender identity,' 'sex,' and 'gender expression.' Our goal is to highlight how the redefinition of these terms impacts our legal rights and societal norms.

GENDER IDENTITY

'Gender identity' is given as "*gender identity means the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person (whether by way of medical intervention or not), with or without regard to the person's designated sex at birth."* in the Sex Discrimination Act.

This statement is ideological, not factual. Doctors do not designate a baby's sex, they observe it - either at birth or in utero via ultrasound. There is no empirical measure of 'gender identity' or even evidence that 'gender identity' actually exists.[i] In our organisation, it is something transsexuals confirm so much they created and signed a declaration.

One would think transsexuals would believe in 'gender identity', but several months ago, our transsexual board member approached numerous transsexual individuals on their views of 'gender identity' and 'gender affirming care for minors', they informed us that they **did NOT have a 'gender identity'** and considered the idea a fabrication

designed to support the gender transitioning of children for profit and ideological reasons. Forty-nine fully medicalized transsexuals created and signed a Transsexual Declaration against gender affirmation for minors. Part of this declaration reads:

"*We the undersigned are a group of transexuals make the following statements:*

Biological sex in humans primarily hinges on the type of reproductive cells (gametes) one's body produces. It's a binary system rooted in genetics and chromosomes. However, it's crucial to understand that chromosomes guide the development of sex characteristics, not define sex itself. While variations from the typical XX or XY chromosome combinations exist, they're rare (0.02%) and typically represent chromosomal disorders, not alternative sex classifications. An individual's sex (male or female) describes the reproductive strategy their body follows, irrespective of the genetic underpinnings of their sex or their likelihood of successful reproduction (fertility).

Sex is binary, human beings are either male or female, there is no third sex, there is no absence of sex.

Beyond our male or female bodies, each of us is a unique tapestry of identity, woven with threads of race, ethnicity, religion, nationality, class, family history, abilities, and individual life experiences. Our goals and aspirations further define us as individuals. ***We deserve the freedom to be fully human, beyond the constraints of gender stereotypes or prescribed 'gender identities'****. Our humanity transcends any single label and celebrates the richness of our individuality*."

The full declaration can be found here: They signed it to signify their opposition to gender transitioning children and the reduction of one's humanity down to a single aspect, such as gender or sexual preferences.

I share this because the common criticism is that those who do not support this concept are bigots, TERFs, Nazis, fascists and the assumptions that Homosexuals and Transsexuals are a homogenous group all under the Equality Australia, ACON umbrella way of thinking.

Consider the key flaws and myths of 'Gender Identity' ideology

Here then are the key flaws to the definition and concept of Gender Identity.

1. *Disproved Original Theory*: The concept of 'gender identity' was popularised by John Money in the 1960s. His theory was famously disproven by the case of David Reimer, a boy raised as a girl following a botched circumcision, who eventually reclaimed his birth sex but tragically committed suicide as an adult.
2. *School Curriculum*: Schools teach that everyone has an internal sense of gender identity. This teaching varies widely, with no consensus on the number of genders, 2, 3?, 85? Infinite?
3. *Gender Performance*: Schools teach that gender identity is expressed through clothing, mannerisms, and behaviours, aligning with traditional gender stereotypes.
4. *Misclassification of Gender Dysphoria*: Gender dysphoria is taught as an identity rather than a diagnosable mental condition.
5. *Lack of Empirical Evidence*: Over 100 clinicians and researchers worldwide state that there is no scientific evidence for 'gender identity', nor a test to accurately identify transgender individuals.
6. *Children's Identity*: Teaching that children have a fixed 'authentic identity' from a young age can be misleading, as children's identities evolve over time.
7. *Affirmation vs. Natural Development*: The majority of children experiencing gender dysphoria will re-identify with their birth sex after puberty, often growing up to be homosexual adults. The concern is that early affirmation may interfere with this natural developmental process.
8. *Professional Expertise:* Diagnosing gender dysphoria is beyond the professional expertise of teachers, and predictions about a child's future gender identity are uncertain.
9. *Misdiagnosis:* A significant percentage of students with gender dysphoria also present with other conditions such as autism, trauma, or internalised homophobia, which require professional evaluation and support, not school intervention."
10. *Commercial Interests:* The concept of Gender Identity underpins an industry, and schools inadvertently channel children into this industry when they:

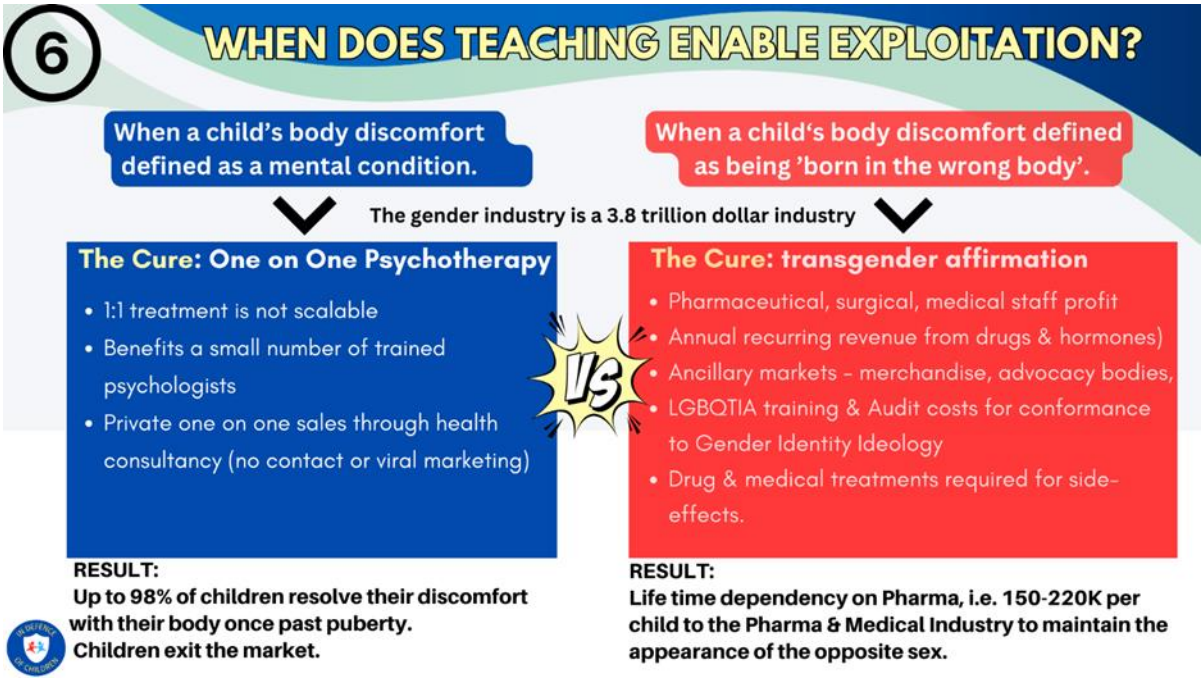
a. Encouraging social transition and gender affirmation.
b. Promote certain gender ideologies.
c. Display symbols or mandate specific pronoun usage.
d. School counsellor refers to gender-affirming practitioners.

It is important to understand that it is upon this nebulous and vague concept of "gender identity" that self-identification is based. It is commonly understood to be a performance of sex-based stereotypes as indicated by mannerisms or dress, or language via "preferred pronouns" and name. This is reflected in *"gender identity means the gender-related identity, **appearance or mannerisms** or other gender-related characteristics of a person (whether by way of medical intervention or not), with or without regard to the person's designated sex at birth." (Sex Discrimination Act definition).*

In other words, one's 'gender identity' is subjective, performative and for the most part is transitory. Allowing people, in particular minors, to change their birth certificates and legal status when their change of identity is more likely transitory, resolved through the completion of puberty, is not a sensible public policy.

The WPATH files exposed that the peak health body who admitted **youth do not have the capacity to make informed decisions about gender medicine.** The full final Cass report showed that while a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there is not a reliable evidence base upon which to make clinical decisions, or for children and their families to make informed choices.

Allowing malleable, impressionable minors to sign up for puberty blockers, cross sex hormones or surgery is child abuse, malpractice and profiteering off the vulnerability of children's susceptibility for adult and social media influence.



Sex is not a construct.

Sex is determined at fertilization with 99.98% human beings born unambiguously and observably male or female. Sex is determined on the basis of chromosomes (presence of Y denotes male, absence of Y denotes female), endocrinological system, external genitalia, and internal reproductive organs. The existence of people with disorders or variations of any of those determinants does not negate the male/female sex binary. Human beings cannot

change sex, it is wrong to suggest they can and undermines the integrity of a legal document when it cannot be relied upon as evidence of its contents.

Gender, Gender Expression and Gender Diverse

Feminists traditionally have used the word gender to denote the societal framing of female and male roles. Whereas sex is a biological category, gender is a historical and social category. Sex is why women are oppressed and gender is how women are oppressed. The process of socialization of members of a society includes individuals navigating a number of assumptions and stereotypes held in category groups termed Women and Men regarding appearance and behaviour over a lifetime.

Gender expression is acting on these assumptions and stereotypes about how a man or women should behave. It is however insulting and offensive to women that "woman" can be reduced to a boy or man simply adopting sex stereotypes and performing "femininity". Many women do not adhere to strict sex stereotypes themselves, and it is absurd that "woman" is now defined by how well one performs femininity. It excludes many women from their own sex category.

Gender Diverse is a term that has been replacing the word homosexual, which means 'same sex attracted'. Gender identity ideology eradicates that concept replacing it with the idea of 'same gender attracted'. Meaning someone who identifies as a sex attracted to another that identifies as that sex despite also, regardless of their actual sex. A large number of Homosexuals vehemently disagree, as it sets them upon for exploitation, subject to state sanction rape mentality, particularly for lesbians and ignores the needs of homosexuals. Someone attracted to both sexes are bisexual.

The overall harmful impact of the equality bill on women and same sex attracted.

The New South Wales self-id law we say advances the interests of one group in the community whilst having a harmful impact upon a much larger groups in the community that will not benefit from this bill. That is women & girls, different cultures, the disabled, parents and **homosexuals**. (We do not use the term 'gender diverse).

The largest group impacted are Women and girls as they remain an oppressed majority and subject to violence and discrimination on the basis of sex, every day in New South Wales, and internationally. To address those harms and discrimination, women and girls need to have specific protections, based upon sex. As humans cannot change sex, and in light of mounting evidence from Australia and overseas that males who self-identify as transgender retain male patterns of entitlement, criminality and performance across a range of domains, there remains an inherent need for women and girls to have their sex class recognised and protected.

Self-Identification will have significant harmful impact on single sex spaces, short-listed spots, single sex sports, diverse cultures, religion, sex realist beliefs, right of association, women's services, data collection and homosexuality. Please click the links to see evidence in Australia and read personal testimonies at https://noconflictTheySaid.org :

a) *Single sex spaces*;[ii] *prisons, schools, toilets, change rooms and high-security hospital;*

- We are now seeing male rapists put in with Australian female prisoners, of whom over 75% have been sexually abused and suffer stress and anxiety from the threat of further abuse. Prison leadership, at the request and direction of institutions like New South Wales Human Rights Commission, have spent years trying to make incarceration spaces trauma informed. This is all discarded when males are included in the space, and all parties well know this. Not only that, Australia's commitment to the Mandela Rules, and arguably, UN rules regarding torture during incarceration, are also contravened by the placement of males in the female prison estate. Why was this not discussed in the 'Statement of compatibility' lodged by the Attorney General?
- Women, children and the elderly have particular same sex needs around intimate care, due to dignity, dependency and vulnerability. It is essential that same sex care be placed into the Anti-

discrimination Act, not all amenities for this removed via self-identification legislation. The New South Wales legislature must recognise there are instances where same sex care is essential for safety, privacy and dignity. The privacy requests of some who wish to hide their sex from others must not ever override the bodily autonomy, safety and safeguarding of others.

- Disabled people may require same-sex intimate care again due to dependence;
- In practice a fully intact bearded male can be where women and children disrobe, can be legally protected to indecently expose himself.
- Sex specific medical screening service; is needed for the dignity and privacy of women.
- People with learning disabilities may struggle to cope with rapidly changing social conventions such as 'misgendering'; in the UK an Autistic boy was arrested for misgendering a trans identified male.
- High levels of violence and sexual abuse are mitigated with the removal of males, regardless of how they identify from women only spaces.
- Child protection and safeguarding;

b) *Short-listed-spots;*[iii] *sex-specific awards and bursaries;*

- Sexism and sexist discrimination is a huge problem in Australia, short-listed spots go some way to re-address the balance. We have seen however males take these spots and women are put second, again to males.
- A recent report into the status of women's equality in Australia: Australia's gender pay gap is 22.8%[iv]. Women, on average earn, $26,596 less than men each year. Men are twice as likely to be in the top earning bracket and women are 1.5 times more likely to be in the lowest
- Underrepresentation in political and economic positions is lessened as men further positions of influence and power.

c) *Single Sex Sports*[v]

- Women lose the right to exclude male-bodied people from women's sports, even where including males' risks injury for females. We lose the right for fair competition for women, as women's rights are subsumed beneath the demands of trans-identifying males even where there is overwhelming evidence that male inclusion is in opposition to the interests of women and girls.
- We impact the health and the benefits of sports for young girls, with the impact of learned helplessness, when they realise no matter how hard they work, the playing field is weighted towards males winning, hence they self-exclude. When girls and women realise, they have no potential for competition, or safety, they will self-select out, leaving the field. This is the opposite of what sports organisations have worked for decades to achieve.

d) *Race, Religion, Sex Realist beliefs*

- How will the rights of cultural groups, for whom single-sex spaces are particularly important, be upheld? i.e., Aboriginal, Muslim, Indian and Jews for example? We already know that women of some backgrounds will self-exclude. Why does not the Attorney General also know this?
- The implementation of a process of self-declaration of legal sex will disproportionately affect people from religious backgrounds for whom single-sex spaces are particularly important

- There are people who believe that gender is a social construct, and that gender identity is not innate or real. How will their rights to assert this fact be upheld?
- There are many who do not believe in 'gender identity ideology' but see it as a regressive, sexist and homophobic set of ideas with no grounding in reality or objectivity. Should there be legislation that enforces belief and coerces speech upon those who do not believe?

e) *The right of association*[vi]

- Women lose the right for women to meet in order to debate, organise, advocate, and campaign for female specific interests, without risk of harassment, violence, prosecution or loss of income. Examples are Lesfest, Women's circus or the Sapho parties where one trans identifying male closed down events that accommodated the needs of thousands of women.

f) *Women's services,*

- The commissioning of sexual and domestic violence support services, including those for prostituted women;
- People with PTSD including women survivors in relation to male violence and their right to a single sex recovery space or counsellor.

g) *Data collection results in data corruption,*[vii] *especially for health, crime, political participation, and STEM programs.*

- Women lose the right to have male crime recorded as male crime, it means journalists falsely report male committed crimes as female. It also means that male perpetrated crime is recorded and reported as being committed by women, when that is not the case. How can we address male violence when some male violence is mislabelled as 'female'.
- Elimination of data collection of sex-based inequalities.
- Elimination of data on the impact of male criminals on women prisoners, hiding the harm and impact of vulnerable women in support of state-sanctioned ideology, that in effect supports state-sanctioned rape.

h) *Sexual Orientation.*[viii] *In Australia there has been an impact on one's right to express one's sexuality as same sex.*

- There are attacks on lesbians who are asserting their rights as protected group to be same sex attracted;
- There is ostracization of lesbians from the LGBT community and their demonisation as 'sexual racists';
- The erasure of their sexual identity and nomenclature;
- The demand on lesbians to consider male-bodied people as sexual partners ('stigmatising homosexuality in women);
- The substitution of 'gender' for 'sex' which directly impacts on the protected characteristic of lesbian and gay men and their right to same sex relationships.

Sex based rights exist to address some of the above problems. Any change to the law that effectively changes the definition of who pertains to which sex group, has the potential to undermine efforts to advance women's equality,

the recognition of homosexuality and rights of protection and safeguarding of children.
In addition, Australia is a signatory to UN Convention for the Elimination of All Forms of Discrimination Against Women, this Convention pertains to the rights of women (biological females). CEDAW has never ratified men to belong to the category of women.

Allowing men and boys to declare a "female gender identity" and gain access to women's spaces, services and rights is contrary to the obligations Australia has as a signatory to this Convention. In effect, sex self-id laws are abhorrent to the human rights of women and girls and are a human rights violation.

Impact of the birth certificate process

The proposed bill would allow individuals to change the sex listed on their birth certificates at any stage in their life, for any reason, by simply completing a statutory declaration form. This process removes medical or family court oversight, reducing the birth certificate's reliability as evidence of sex. The bill effectively undermines the legal recognition of sex, potentially erasing it from public policy.

Concerns Regarding Self-Identification

Self-identification negatively impacts women, children, and the rights of lesbian, gay, and bisexual individuals by promoting the initial stage of gender transitioning—social transitioning—which involves substituting sex with gender identity in documentation. Social transitioning, particularly among youth, can solidify a gender identity that might otherwise naturally resolve after puberty.

Democratic Process and Ideological Influence

The bill's process appears undemocratic. Key stakeholders, including those opposing gender affirming care, have not been included in consultations. Moreover, the rapid progression of this legislation, with minimal parliamentary debate and public consultation, suggests an ideological influence over secular legal processes, which is concerning.

Recommendations:

1. Maintain a clear distinction between sex and 'gender identity' in legal documents. Sex should be recorded factually and immutably on birth certificates.
2. Legally recognize sex as a primary protected characteristic, ensuring that resources, services, and spaces designated for women are based on sex.
3. Prevent 'gender identity' from superseding sex as a protected characteristic.

GENDER TRANSITIONING IN MINORS

The bill facilitates gender transitioning in minors with minimal safeguards, see a discussion of the specific sections below. This first part of this practice, is usually social transitioning, which includes changes like name, pronoun modifications, and bathroom usage, which are not neutral and can significantly influence a child's future identity.

Social transition is not a neutral intervention. Many studies have highlighted the risk that, in the short-term, social transition can increase the likelihood of the persistence[ix] of a young person's unease with their sex, and that it can interfere[x] with children's natural identity development.[xi] There is no quality long-term peer-reviewed evidence[xii] about the impact of social transition. As such, as with all new interventions, it is best practice for governing organisations to apply caution. In particular to not make a law based on the unsupported perception that since gender identity ideology is a 'modern trend' it should be adopted. The impact of supporting social transitioning of minors that studies show leads to medical transitioning, particularly in the current culture of 'gender affirming care'.

Social transitioning can be particularly impactful on gender non-conforming children, often including those who are lesbian, gay, or autistic. These groups are at greater risk of being inaccurately labelled as transgender, potentially due to social influences. Recent data suggests a dramatic increase in children seeking gender identity treatment,

with a concerning trend of 'social contagion' where peer influence may lead to multiple children in a group identifying as transgender.

Opposition to 'Transing the Gay Away'

Groups such as LGB Defence and LGB Alliance Australia argue against the conflation of gender non-conformity with transgender identity, likening some practices to conversion therapy. It's crucial that laws do not hastily endorse modern trends in gender identity without robust, peer-reviewed research supporting their efficacy and safety. The Cass report confirms, that transitioning gay children is a modern form of gay conversion therapy.

The Misconception of the 'Transgender Child'

There is no such thing as a **'Transgender child'.** It is an entirely flawed concept that goes against accepted psychological and psychiatric practice. Children cannot be given certain formal psychiatric diagnoses (such as borderline personality disorder), **because their neurobiological development is incomplete.** Likewise, the *'Transgender child' does not exist*. It is supremely irresponsible, inaccurate, and dangerous to use this language. What we have are children with *neurobiological, psychosocial, and developmental problems.* By describing children with these presentations as 'Transgender' we are foreclosing other diagnostic options. We are locking them into a narrow, dangerous, and untested intervention pathway. *Most importantly, we are blurring the conceptual boundaries between adult and child.* Once children are perceived as being mere mini adults then the door is wide open for their exploitation in every other aspect of their lives and functioning. And, as for children facing 'psychological repercussions' if they are allowed to change 'gender', that is quite literally the understatement of the century.

There is an argument to be made that medical interventions that could result in future loss of reproductive capacity might be viewed rightly as in contravention of the UN Right of the Child, as surely every child deserves the opportunity to make decisions about having children when they are adults with full matured intellectual capacity.

Politicians, health professionals and journalists take note **the consequences of 'gender-affirming care' are serious**:

- Sterilisation of LGB, Autistic and troubled young people with issues of abuse, self-hate, trauma, internalised misogyny, victims of trans-indoctrination[xiii] or internalised homophobia.[xiv]
- Surgical removal of breasts; denying women full sexual pleasure in adulthood, as well as the ability to breastfeed should they become mothers.
- Impaired sexual function from surgeries, puberty blockers and hormones[xv]
- Surgical removal of reproductive and sexual organs, and erogenous zones initiated for children as young as 9 to 13 years old arguably not mature enough to give meaningful informed consent.
- Irreversible body modification such as facial hair, male-pattern baldness, permanently deepened voice and enlarged clitorises in women.
- Negative health effects from chest binding that may not show for years[xvi]
- Years spent suffering depression, and mental health problems because comorbidities[xvii] were not accurately assessed or responded to with appropriate therapies
- Female-to-male genital reconstruction surgery that has a high negative outcome rate,[xviii] including urethral compromise and worsened mental health.
- A range of negative health outcomes from transition surgeries is outlined here[xix] and here[xx].

The removal of parental rights of care for a fringe ideology

The State is not a co-parent. Parents have the inherent responsibility and right, above all others, to guide and guard their children. Parents, not the State, have the right to:

- Direct the education, upbringing, and medical care of their children.
- Teach their children regarding ultimate issues of sexuality and identity.
- Provide truly informed consent for their children's medical care.
- Protect their children from harmful, unnecessary, unsettled, untested, unproven, or experimental treatments like puberty blockers, hormones.
- Seek out and provide effective care that will explore, and provides lasting relief to, the underlying causes of their child's mental distress or health issues, including ideas that they are 'in the wrong body'.

Australia first saw a child removed from her parents, in Western Australia in November 2020, for the purpose of breast amputation to affirm her "male" gender identity. This was against the will of her parents. Not allowing transitioning was considered 'child abuse'. They have yet to see their child again and it's been 4 years. The Australian branch of the Rapid Onset Gender Dysphoria (ROGD) parent support group reported there are nearly 100 other families in the same situation in September 2021.

The rights of minors involves protection of their physical and psycho-social well-being; this Bill works against that when it contributes towards the removal of parental rights of care.

If the state can over-ride a parent or both parents who are against their child starting on the 'gender affirmation pathway of social, medical and lastly surgical transitioning. This interference goes against Articles 3, 5, 9, 17, 19, 33, 34, 35, 36 in the UN Convention on the rights of the child. [xxi]

SUMMARY of General Concerns

This Bill will have long term, wide-reaching negative consequences for women, girls, LGB, families and our democratic rights. Sex should in no way be conflated or be replaced with 'gender identity' in law. A person's sex is immutable and unchangeable and needs to record as a matter of fact on a person's birth certificate.

We should affirm trans people's birth sex as their legal sex, while ensuring their protection from discrimination based on their gender non-conforming appearance or behaviour.

The state should not adhere to the beliefs of gender identity ideology, we do not have a state religion in a secular society, in effect this is what gender identity ideology is, a belief system with no scientific backing.
Australian society is a democracy, ALL stakeholders be involved in consultations of this matter that impacts more than half the population. It is an act of extreme misogyny that women and same sex attracted people were denied consultation.

SPECIFIC CONSIDERATIONS & RECOMMENDATIONS:

We have detailed our specific concerns and recommendations of the following bilsl:

SCHEDULE 3 Equality Bill Proposed Amendments to the Children and Young Persons (Care and Protection) Act 1998 (NSW)

The proposed amendments to the *Children and Young Persons (Care and Protection) Act 1998* (NSW) within the Equality Legislation Amendment Bill poses inherent dangers by potentially lowering the consent threshold for medical treatments related to gender incongruence, diverging from established common law principles, notably the Gillick competence framework and the jurisprudence established in *Re Imogen* [2020] FamCA 761.

Current Legal Framework and the Principle of Gillick Competence

In NSW, the care and protection of minors are principally governed by the *Children and Young Persons (Care and Protection) Act 1998*. This Act, in concert with common law, enshrines the best interests of the child as the paramount consideration, a principle further nuanced by the Gillick competence test. This test assesses a minor's capacity to consent to their medical treatment based on their understanding and intelligence to fully grasp the nature and implications of the proposed treatment.

Gillick Competence and Minors Under 16

For minors under 16, the law necessitates an assessment of Gillick competence or parental/guardian consent for medical treatments. This is a critical safeguard, ensuring that children, who might not fully comprehend the long-term implications of their decisions, are provided with adequate protection under the law.

Minors Aged 16-17 and Medical Consent

NSW legislation generally presumes that minors aged 16 and 17 have the capacity to consent to their own medical treatment. This presumption aligns with the broader understanding that individuals in this age group can typically understand and weigh the nature and implications of medical treatments against their current and future well-being.

Legal Framework for Gender Incongruence Treatments

For minors experiencing gender incongruence, the consent process for gender-affirming medical procedures is distinctly regulated. The Family Court of Australia's ruling in *Re Jamie [2013]* FamCAFC 110 elaborates on this by distinguishing between Stage 1 (puberty blockers) and Stage 2 (gender-affirming hormones) treatments, with the latter requiring a higher threshold of court involvement due to the irreversible nature of such interventions.

Concerns with the Proposed Amendments

Overview of Proposed Amendments

The proposed amendments seek to revise the Act to consider the gender identity and variations of sex characteristics of the child explicitly. Notably, for children aged 16 and over, it allows them to make decisions regarding their medical treatment with the same authority as an adult. For children under 16, the amendments suggest that one parent's consent is sufficient for medical treatment or that the child can consent if deemed capable by a medical practitioner. *This represents a significant departure from the current legal requirements and potentially lowers the threshold of Gillick competence due to the absence of the requirement that the child fully understand the nature and implications of the treatment sought. Informed consent cannot be achieved if a child does not "fully" understand the implications.*

Implications of Lowering Gillick Competence Standards

The proposed lowering of the Gillick competence threshold is particularly concerning. It risks enabling children under 16 to consent to complex and irreversible medical treatments without a full understanding of the long-term consequences. This shift is at odds with the established common law position as demonstrated in "Re Imogen," where the court underscored the necessity of a comprehensive understanding and consideration of a minor's best interests, as well as requiring a consensus between *both* parents, child and treating practitioner, for gender-affirming treatments, otherwise court intervention is necessary.

Legal and Ethical Considerations

The amendments pose significant legal and ethical questions about the balance between a minor's autonomy and the need for protective measures. By potentially facilitating easier access to irreversible treatments without rigorous assessment of understanding and without the safeguard of parental or court oversight, the amendments may compromise the welfare and future well-being of minors.

Current provisions are adequate and reasonable

The current provisions in the *Children and Young Persons (Care and Protection) Act* 1998 (NSW) are sufficient. Any efforts to frame the current provisions as a human rights disparity, where children seeking gender-affirming care are subjected to higher standards than children undergoing conventional medical treatments, are disingenuous. Framing the issue as such strategically oversimplifies a complex issue, pushing for expedited approval without due consideration of the established safeguards. Such arguments, while compelling on a surface emotional level, overlook the critical public policy reasons underpinning these safeguards. The distinctions in consent requirements between gender-affirming and other medical treatments are rooted in profound considerations of the long-term welfare and rights of the child, rather than an arbitrary imposition of barriers.

Conclusion and Recommendations

The proposed amendments to the *Children and Young Persons (Care and Protection) Act 1998* (NSW) risk undermining the foundational legal protections designed to safeguard minors, particularly in the context of irreversible medical treatments related to gender incongruence. By potentially lowering the Gillick competence threshold and diminishing the role of parental and court oversight, these amendments lead to decisions that are not be in the best long-term interests of the child. It is imperative that the Act maintains a rigorous framework for assessing a minor's capacity to consent to such treatments, one that aligns with established common law principles.

Proposed amendments to the Births, Deaths, and Marriages Registration Act 1995 No 62:

Schedule 2(1), (5)

The proposed changes to the *Births, Deaths, and Marriages Registration Act 1995 No 62 (BDMRA)* allow any individual over the age of 16 to change their legal sex through a simplified administrative process, Specifically, under Schedule 2, amendments to sections such as [1] and [5], introduce terms like "recognition certificate" and "sex descriptor," facilitating self-identification of sex. This enables any person, based solely on their self-declared gender identity, to alter their legal sex designation on official documents, provided they submit a statutory declaration from someone who has known them for at least 12 months.

Minimal prohibition of Sex Descriptors: Problems in Law
The Part 5A (32A) definitions of "sex descriptor" and "prohibited sex descriptor" are so broad, they allow for a change of legal sex to any identity, which – according to the bill's wide definition – would include cat gender, cloud gender, omni gender, astral gender, and any infinite number of gender identities, provided they are not obscene or offensive or too long or contain symbols.(Part 5(A) 32A (a)(b)(i)(ii).

The proposition to amend the official sex marker on birth certificates raises critical issues, despite the consensus among legislators, including Mr. Greenwich, and LGBTQ+ advocates, that biological sex and gender identity are not the same. In the pursuit of inclusivity, the drafters have neglected to fully consider the practical implications and real-world consequences of such changes, especially in terms of inclusivity and legal clarity.

By allowing for the alteration of sex markers to broadly defined or subjective terms like "cloud gender," "non-binary," or "genderqueer" without a corresponding record of biological sex, the legislation inadvertently fosters new forms of exclusion. For instance, the lack of a clear sex marker raises complex questions: *Which changing rooms are individuals who identify as "cloud gender" permitted to use? Can someone identifying as "cat gender" apply for a position designated for females only? Will an "astral gender" individual be allowed to compete in female-only sports leagues?*

These examples highlight problems with exclusion embedded within the amendments. While aiming to accommodate and recognise diverse gender identities, the legislation sidelines those it seeks to protect and include, by not fully accounting for the implications of removing concrete sex markers across various legal, social, and competitive domains. The goal of enhancing inclusivity and allowing individuals to "feel better" about their legal identities risks being undermined by not thoroughly considering the real and practical effects these changes have on a broad spectrum of stakeholders, including the very individuals seeking to amend their birth certificates.

Given this understanding, it becomes essential to question the appropriateness of recording changes in gender identity as alterations in sex. The proposed amendments conflate two distinct concepts: the immutable nature of biological sex and the fluidity of gender identity. To preserve the accuracy and integrity of legal documentation, it is proposed that birth certificates retain the sex marker to avoid practical issues in their application and implementation.

No limitation of frequency of changes to sex descriptor

The absence of restrictions in the proposed amendments to the frequency of changes on a birth certificate, allows for an individual to alternate between being male today, female tomorrow and cat gender by Christmas. This absurdity of flexibility undermines the serious nature of legal identity records, transforming them into personal expressions subject to change at whim. Such a framework renders official records unreliable – and arguably – redundant, for crucial functions like medical data collection, law enforcement, and statistical analyses, vital for public policy planning.

No proposal for maintaining records

Under the current BDMRA, individuals who have undergone a surgical sex affirmation procedure are entitled to receive an amended birth certificate, while the Births, Deaths, and Marriages registry maintains the original document with access to it. The current scheme does not contemplate preserving any historical sex record, leading to all records being expunged, which raises fundamental questions about the purpose and significance of recording sex on legal documents in the first instance. Further, it raises questions as to whether other recorded facts on birth certificates should also be expunged or amended, to accord with a person's "lived experience". For example, why should a person's date of birth remain fixed, but not a person's sex? Why is an individual's date of birth not a characteristic considered appropriate for self-declaration?

Implications for Data Collection and Public Policy

The erasure of historical sex data threatens the quality of demographic information available to policymakers and researchers. Sex-specific data plays a crucial role in identifying health trends, allocating funding and resources for public services, and tailoring education or welfare programs. Without accurate, biologically based records, it becomes challenging to address sex-specific issues or to monitor the impact of policies over time.

The Presumption of Inclusion and Its Real-Life Consequences

The proposed amendments significantly alter the recognition of sex within the community by creating a ***'presumption of inclusion'*** based on self-identification. This means that anyone, regardless of their appearance, can claim an identity different from their biological sex without facing discrimination. *In practical terms, this policy allows any individual who identifies as a woman to access spaces traditionally reserved for females, without question. The implication is that the community must not assume that a male in a female space is there by mistake or with ill intent; instead, it must be accepted that he is in the female-designated space because he is a woman. Currently, a male does not need to produce a birth certificate to enter a female space for verification; but it is recognised by all that a male is not supposed to be, for example, in a women's rape crisis centre.* The core of the proposed amendments, however, changes the current presumption of exclusion, introducing a new norm which prioritises self-declared gender identity over biological sex in determining access to gender-specific spaces.

No formal birth certificate change will be required to enter a rape crisis centre, nor any other female-designated space. In fact, requesting a person to produce proof of the change may likely be in breach of Anti-Discrimination law. Under the proposed scheme, the community must now presume that if ANY male – no matter how he presents, is within a female-designated space, or utilising a female-designated service, he *is* a female, and within his legal right to be there. This is the reality of the proposed amendments and the reality of self ID.

It opens avenues for exploitation, as seen in cases where male-bodied individuals access women-only spaces, not out of genuine identity alignment but for malicious intent. Examples include the presence of male offenders in female prisons, where they have assaulted women, (reference to Evie Amati SMH report of Evie beating up female prisoners) and the participation of male-bodied athletes in women's sports, where they have an unfair physical advantage. (evidence)

Proposed amendments to the births, deaths, and marriages registration act for children under 16.

The proposed amendments to the BDMRA, specifically within Schedule 2[5], which introduces a new Part 5A, mark a significant departure from the current legal framework governing the change of sex designation on birth certificates, particularly for minors. These changes raise serious legal, ethical, and social concerns, undermining parental rights, the integrity of public records, and the protection of children.

Amendments to Parental Consent (Sections 32C, 32D, 32E)

Under the existing framework, the process to amend a sex designation for minors is carefully guarded, requiring comprehensive medical evidence and parental consent. The proposed amendments, however, allow children under 16 to initiate a change in their legal sex on their birth certificate, with minimal oversight – a change that fundamentally alters the role of parental guidance in critical decision-making processes.

Under the proposed amendments, the ability for a child to apply to the NSW Civil and Administrative Tribunal (NCAT) without parental support, or without even notifying the child's parents (as per the discretion provided in s32CA), introduces a legal anomaly where the state undermines the family unit's autonomy and decision-making capacity regarding significant aspects of a child's welfare.

Undefined Impact of "Adversely Affect" and Unilateral Parental Consent

With regard to NCAT choosing not to notify parents of a child's application to change their legal sex, the lack of a clear definition for what circumstances "could reasonably be expected to adversely affect the young person" (s32CA) opens the door for broad interpretation. This vagueness could lead to arbitrary decisions without consistent legal standards, further complicating the legal landscape around parental rights and child welfare.

Moreover, we contend that the criterion for bypassing parental notification—based on potential "adverse effects" on a child—could be easily met, given unsubstantiated prevailing narratives from activists around the mental health risks of not affirming a child's gender identity. There is a real risk that NCAT could interpret a child's mere assertion of unsupportive parents as sufficient reason not to notify the parents, to avoid "adverse effects" on the child. This scenario suggests a legal environment where requests for legal sex changes for children could be approved with insufficient scrutiny, potentially sidelining both the nuanced evaluation of the child's welfare and parental rights.

Moreover, permitting one parent to consent to such a significant legal change, even when the other parent objects, erodes the legal principle of joint parental responsibility. This could precipitate internal family conflicts, potentially harming the child's well-being, more than protecting it.

Legal and Social Implications of Minors Changing Legal Sex

The proposition that minors, specifically those under 16, can legally change their sex designation without sufficient maturity to understand the long-term consequences is deeply problematic. This concern is compounded by the lack of a requirement for medical or psychological evaluation to accompany such a decision, as traditionally mandated for sex affirmation procedures.

This approach not only disregards the complexity and permanence of such decisions but also fails to adequately consider the child's best interests, a paramount consideration in all actions concerning children under the United Nations Convention on the Rights of the Child, to which Australia is a signatory.

Moreover, it's crucial for committee members to recognise that legal sex changes for minors not only facilitate social transition but also often solidify the path toward medical transition. This progression seems to underpin the intent to establish a sense of permanence in decisions made by minors—decisions for which they lack the necessary maturity and understanding of long-term consequences. The bill's proposed approach neglects the serious implications such decisions have on the child's future and the broader impact on their families and society. In essence, the legislation risks endorsing irreversible life paths for minors without ensuring a rigorous, thoughtful deliberation process that accounts for the myriad complexities of such profound life changes.

APPENDIX:

DANGERS OF GENDER AFFIRMING CARE MODEL

1. Firstly, gender affirming care is not a medical model of care.
The medical model starts with the diagnosis of an illness by a doctor, who weighs the benefits and harms of treatment based on high-quality evidence, implements the treatment with the best balance for the patient, and measures the results.
By contrast, the gender-affirming model of care fails to meet any of these conditions:

- It does not require a diagnosis to justify treatment, as it relies upon patients' subjective reports, which healthcare workers are advised not to challenge.
- It is not based on high-quality evidence, a fact which the AusPATH guidelines explicitly acknowledge, as they state that their recommendations are based on clinician consensus because of the absence of evidence. They acknowledge the lack of evidence, but they also consider it unethical to look for high-quality evidence at all, which of course prevents the discovery of the harms that have been reported worldwide.

2. Gender-affirming care is driven by trans activist beliefs rather than clinical professional expertise.

Influential members of both AusPATH, WPATH and ACON are not clinical professionals, trans rights activists dominate these organisations. [redacted]

3. Trans activists beliefs underpin Gender clinic's therapeutic practices these are:

- That people can literally be born into the "wrong" body".
- That Gender identity is innate, immutable and sex is socially constructed.
- However, people of all ages can never be incorrect about their gendered identity including if it changes.
- Gender should be prioritised over sex in all instances.
- Gender is determined by feelings and doesn't require verification by science.
- Rights should be determined by gender identity.
- Social/medical/surgical alignment is an unquestionable human right and essential for individuals of all ages - if desired.
- Disagreement with these beliefs is bigoted, transphobic, and abusive and may constitute hate speech or actual violence.

The influence of these beliefs grounded on an ideology is based on a disproven theory[xxii] with no empirical evidence. Trans lobbies inform gender clinics that gender nonconformity is a healthy variant of normal human nature. Yet, one of those 'normal' gender identities that WPATH SOC8 (Guidelines used in Gender health clinics) promotes is that of a 'eunuch' identity, where young boys can be castrated because they have 'innately' felt like eunuchs from birth. Not to mention some 85+ additional identities that include identifying as aliens, cats, and dogs.

This is the type of 'validation' the gender clinics give to this ideology impacts the wider society.
Our work with schools and parents, informs us that on a fortnightly basis all over Australia, teachers are supporting children who identify as animals and have suspended children who have 'misgendered' them.

4. Impact on Therapeutic practices:
In compliance to these beliefs health professionals follow these guidelines that:

- Being ‘trans gender diverse’ is not a mental illness or something to be treated or cured.
- That healthcare workers affirm and do not question distressed or confused patients' self-reported ‘gender identities’. Assessment, diagnosis, and case formulation therefore are unnecessary, except for group meeting sign offs on documentation.
- That access to social, medical, and surgical interventions that reinforce a ‘gender identities’ is a human right available to anyone who claims a gender identity.
- And finally, gender affirming care recommends that social, medical, and surgical interventions should be available even to patients with severe mental illness such as schizophrenia.
- Involving trans activist organisations in the review process means advocating and facilitating trans activist beliefs of Gender identity at all levels of influence.
- Challenging or exploration of beliefs about gendered identity is unacceptable, abusive and until recently with the RANZCP statement constituted ‘conversion therapy’.

Finally, these guidelines never define the benefits of the interventions they recommend; they simply assume that the social, medical, or surgical reinforcement of gender identity is good of itself, even in cases where a patient later rejects their assumed ‘gender identity’.

Falsehoods, and unproven assumptions of the Gender Affirmative Model of Care:

The Gender Affirmative Care Model (GAC) and the concept of Gender Identity contain significant falsehoods and unproven assumptions:

1. **Immutability of Trans Identity**: Contrary to the belief that a trans identity is unchangeable once established, evidence suggests otherwise. [Levine Feb 2022 court witness [xxiii] points 112-126]
2. **Biological Origins of Trans Identities**: The assumption that trans identities primarily have prenatal biological origins, necessitating corrective treatment, is overly simplistic. Reference Link, [xxvii] points 91-104]
3. **Independence of Sexual Orientation and Gender Identity**: The concept that sexual orientation is entirely separate from gender identity is challenged by developmental patterns observed in children and adolescents. [Stats For Gender, Sexuality[xxiv]]
4. **Normalcy of All Gender Identities**: The assertion that no form of gender identity is abnormal, and none is a symptomatic reflection of other issues, is not psychologically tenable. For instance, WPATH’s SOC, 8th Edition, included 'Eunuch' as a new gender identity without convincing evidence, and linked to a site featuring graphic content. [xv]
5. **Gender Dysphoria as a Condition**: The paradoxical stance that gender dysphoria is a serious medical condition requiring treatment only if desired by the patient. [Stats for Gender, Medical Transition[xxv]]
6. **Discrimination as Primary Cause of Emotional Problems**: This view overlooks the complex emotional or psychological histories in individuals with gender dysphoria. [Reference Link points 13-18[i],]
7. **Exclusivity of Affirmative Care**: Contrary to the belief that affirmative care is the only effective treatment, alternative psychiatric approaches are documented. [Reference Link points 34-57[xxvii]]
8. **Psychotherapy as Unethical**: The labelling of psychotherapeutic approaches as unethical or akin to conversion therapy, and the movement to outlaw them. [LGB Defence, Modern Conversion Therapy[xxvi]] However, the RANZCP released a position statement recently, indicating a shift away from presenting hormonal and surgical 'gender-affirming' interventions as the preferred treatment for gender dysphoria in youth.[Position Statement, SEGM[xxvii]]
9. **Mental Health Benefits of Affirmative Care**: The assertion that affirmative care improves mental health and social function lacks robust, long-term evidential support. [Sex Change Regret, Suicide Myth, Harm[xxviii]]
10. **Suicide Prevention through Affirmative Care**: The claim that affirmative care significantly reduces suicidal ideation and prevents suicide is not consistently supported by data. [Reference Link [xxxii]]
11. **Teen Self-Knowledge**: The idea that young teens inherently know what will make them happy in the future, and thus their decisions should be unquestioned. Adolescence is a time of exploration, discovery, and dynamic change. Furthermore, an adolescent’s capacity for mature decision making is not present. [Adolescent decision making[xxix]]
12. **Diagnostic Criteria Predicting Positive Outcomes**: The belief that meeting diagnostic criteria for gender dysphoria assures a positive outcome post-affirmative care is not true. [Medical Dangers[xxx]]
13. **Regret and Detransition Rates**: The notion that regret and detransition are rare is increasingly being

questioned, with a growing recognition of detransition cases. [Reference Link] [xix, xx, xxi]

[i] https://www.dailywire.com/news/no-biological-evidence-for-gender-identity-exists-group-of-scientists-researchers-says
[ii] https://www.lostwomensrights.com/sss
[iii] https://www.lostwomensrights.com/sls
[iv] https://www.wgea.gov.au/publications/australias-gender-equality-scorecard
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[ix] https://www.transgendertrend.com/wp-content/uploads/2019/06/Steensma-Persistence-2013.pdf
[x] https://pubmed.ncbi.nlm.nih.gov/22455322/
[xi] https://journals.sagepub.com/doi/full/10.1177/1359104519838591?journalCode=ccpa
[xii] https://statsforgender.org/social-transition/
[xiii] https://www.indefenceofchildren.org/
[xiv] https://www.aww.org.au/new-homophobia
[xv] https://statsforgender.org/sexual-function/
[xvi] https://statsforgender.org/medical-transition/
[xvii] https://statsforgender.org/comorbidity/
[xviii] https://statsforgender.org/mental-health/
[xix] https://statsforgender.org/medical-transition/
[xx] https://www.spectator.co.uk/article/the-nhs-has-quietly-changed-its-trans-guidance-to-reflect-reality/
[xxi] https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child

[xxii] Gender Identity belief

[xxiii] 'Declaration of Stephen B. Levine, MD, United States District Court for the Southern District of West' Virginia Charleston Division. Feb 23, 2022, https://adfmedialegalfiles.blob.core.windows.net/files/BPJ-LevineDeclaration.pdf/', points 112-126, 91-104
[xxiv] 'Sexuality', Genspect, https://statsforgender.org/sexuality/
[xxv] 'Medical Transition', Genspect, https://statsforgender.org/medical-transition/.
[xxvi] 'Gender affirmation transing the gay away', https://www.lgbdefence.org/post/gender-affirmation-transing-the-gay-away, "It's time to ban modern conversion therapy", https://sex-matters.org/posts/updates/modern-conversion/
[xxvii] 'The role of psychiatrists in working with Trans and Gender Diverse people', Dec 2023, https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/gender-dysphoria/ , 'First Mental Health Guideline to Explicitly Deviate from Gender Affirmation', SEGM, Nov, 2021, 'https://segm.org/first_mental_health_guideline_to_deviate_from_gender_affirmation/,
[xxviii] 'Sex Change Regret', https://sexchangeregret.com/, 'Suicide Myth', https://www.aww.org.au/gacmyths#the-suicide-myth, 'Puberty Blockers are Harmful', https://www.aww.org.au/puberty-blockers-are-harmful/
[xxix] 'Adolescent decision making: A decade in review', Icenogle and Cauffman, 2021, https://pubmed.ncbi.nlm.nih.gov/34820945/
[xxx] 'Dr Michael LaidLaw - "Medical Dangers of Gender Affirmative Therapy' https://www.youtube.com/watch?v=0NA2xtmN0zo/