Submission No 10

Inquiry into Education Legislation Amendment (Parental Rights) Bill 2020

Name: Name suppressed

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To the Secretariat,
Portfolio Committee No 3 – Education

Re: Education Legislation Amendment (Parental Rights) Bill 2020

Thank you for the opportunity to make a submission to this Inquiry. I write as a medical doctor, a bioethicist and medical researcher. The Education Legislation Amendment (Parental Rights) Bill 2020 (hereafter 'the Bill') seeks to restore the rights of parents in NSW schools by ensuring they are fully consulted and aware of what is being taught in the classrooms of their children. In particular, it aims to ensure that political and ideologically-based teaching on gender fluidity is not promoted, rather that empirically based information is taught to students. As an academic, I support this move to avoid confusing children and adolescents about issues of identity and biology at a crucial time of their development, particularly if this has been done without the knowledge of their parents. I appreciate this opportunity to explain my reasoning.

In the Bill, *Section 3(1) Definitions* states that gender fluidity means *a belief there is a difference between biological sex (including people who are, by their chromosomes, male or female but are born with disorders of sexual differentiation) and human gender and that human gender is socially constructed rather than being equivalent to a person's biological sex.*

First, I would like to say that my submission should in no way be taken to criticise or undermine attempts to support individuals in our community who suffer from problems with their gender identity. As a medical practitioner, I can see that gender ideology, the belief that 'human gender is socially constructed rather than being equivalent to a person's biological sex', has been associated with the medical condition of gender incongruence, in an attempt to give it false legitimacy. This means that we need to distinguish carefully between the two to determine what recommendations are appropriate.

Gender incongruence is a medical term that describes a mismatch between one's biological sex and gender identity (ie self-perceived gender).[1] Gender in this context refers to the psychological, social and cultural aspects of being male or female, which some have promoted as a choice, rather than an extension of one's biology.[2] This understanding is promoted by Queer ideology, which aims to deconstruct latent power structures within society, including the traditional gender system, which are thought to oppress minority groups.[3] There is no biological basis for this. 'Transgender' is defined by the American Psychological Association as 'an adjective that is an umbrella term used to describe the full range of people whose gender

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[1] Gainor, K.A.I. (2000). Including transgender issues in lesbian, gay, and bisexual psychology: Implications for clinical practice and training. In: Greene B, Croom GL, editors. Psychological perspectives on lesbian and gay issues. 5. Thousand Oaks, CA.: Sage. p. 131–60.
[2] Butler J. Gender trouble: Feminism and the subversion of identity: Routledge; 2011.
[3] Sanlon, P. (2010). Plastic People: How Queer Theory Is Changing Us Great Britain: The Latimer Trust.

identity and/or gender role do not conform to what is typically associated with their sex assigned at birth.'[4] Such individuals may use cross-dressing, hormone therapy and/or sex reassignment surgery in an attempt to relieve the distress experience by perceived misalignment of physical sex characteristics and gender. There are therefore two main groups under the transgender umbrella. Firstly, there are gender experimenters, ideologues and activists who attempt to challenge conventional expressions of gender. They believe that gender is simply a social construct, which is chosen and fluid (i.e., subject to change within an individual) and not tied to biology. For them, transgender identity is a form of protest. By contrast, the second group has a binary view of sex and gender (i.e., male and female) but experiences varying levels of distress from a felt incongruence between their gender identity and biological sex.

Transgender is not to be confused with 'intersex'. Intersex describes those rare conditions where a person is born with biological ambiguity in their sex characteristics, genes or anatomy. These are physical not psychological and emotional conditions. This submission will not address intersex issues, except to say that intersex has a biological basis and should not be included in the transgender group. It is a complicated topic and it would perhaps be less confusing to define gender fluidity (above) independently of references to intersex.

The social debate over gender has to a large extent been played out in the battlefield of definitions. Those who advocate for new meanings undergird their campaign with a new set of definitions which reflect a changed understanding; for example long lists of gender alternatives, and the introduction of the term 'cisgender' to represent an alignment of gender identity and biological sex.[5] This has been reinforced at different times by popular social media platforms, such as Facebook, and even government agencies, providing multiple gender options for self-description. Terms previously used are being altered, for example 'assigned sex' previously referred to the sex given to intersex children at birth where biological ambiguity existed. It is now being used to suggest that sex is an arbitrary label given at birth, without consent of the individual. This contrasts with the traditional idea that sex is acknowledged at birth on the basis of observed anatomical sexual characteristics of the baby.

It is noticeable in this debate that dissenting views are not tolerated. In Australia, the Safe Schools Coalition program has been aggressively championing this new gender ideology. Students have been taught that non-acceptance of alternative sexual and gender ethics is "phobic" and hateful and must be fiercely rejected. Students who express contrary or conservative opinions, no matter how politely, have been made to feel "excluded, disrespected and inferior". [6] This has had the unfortunate effect on

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[4] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub.

[5] Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: health at the margins of society. The Lancet, 388(10042), 390-400.

[6] Student Wellbeing Hub, 'Resource Detail.' Online: https://www.studentwellbeinghub.edu.au/resources/detail?id=f0774c22-d5c5-6d32-997d-ff0000a69c30#/.

6 Brown, G. 'Safe Schools anti-bullying "forcing us to go private,"' The Australian (4 May 2016). Online: http://www.theaustralian.com.au/national-affairs/state-politics/safe-schools-antibullying-ruling-forcing-us-to-go-private/news-story/976000edca567f75633e45d91f0995d6.

reducing the scrutiny that such radical changes to the once-assumed correlation between sex and gender might be expected to receive.

I believe that some of the acceptance of this radical re-definition of gender has resulted from the fact that many children and adolescents do struggle with their gender identity. Self-awareness of gender identity develops over time, as growing children gradually learn the differences between males and females and the fact that gender is stable.[7] Gender role is shaped by both nature and nurture, and adults and other children influence gender development directly by reinforcing or discouraging gender behaviours, and by offering role models. Sex hormones also play a role. For these reasons, the DSM-5 criteria for childhood gender dysphoria have been criticised for being in the DSM at all because exploration of gender roles in childhood is normal, and in most children, gender non-conformity is part of the normal variation of childhood gender behaviour, and resolves without treatment.[8]

This shift in language and related terminology has influenced not only academia but also segments of the medical fraternity. The American Psychiatric Association's Diagnostics and Statistics Manual of Mental Disorders (DSM) changed the pathological diagnosis of incongruence of physical gender and self-perception of gender (gender identity disorder) in its 4th edition to being pathological only if distress is experienced as a result of this incongruence (gender dysphoria) in the 5th edition.[9] It is important to note that, as a result, gender incongruence was no longer to be regarded *ipso facto* as a disorder and in this context should only be seen as something negative when the patient themselves expresses distress over the incongruence. This change was made partly in response to ideological factors and the desire to de-stigmatise gender incongruence, with controversy over existing empirical research.[10]

No epidemiological studies on the prevalence of childhood gender dysphoria exist. Gender non-conforming behaviour has been assessed in children in terms of 1) cross-gender behaviour and 2) cross-gender wish. Only cross-gender wish is relevant for diagnosis by the DSM-5 criteria. For cross-gender behaviour, rates have been found to be up to 23% for biological males and up to 39% for biological females, dropping to 0.6% and 0.2% for cross-gender wish.[11] There is debate in the

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[7] Ruble, D. N., Martin, C. L., Berenbaum, S. A. 'Gender development.' In Handbook of Child Psychology: Vol. 3, Social, Emotional, and Personality Development. (Ed.) N. Eisenberg, W. Damon, R. M. Lerner. (6th ed. pages 858–932). Hoboken, NJ: John Wiley.

[8] 3De Vries, A. L. C. Cohen-Kettenis, P. T. 'Gender dysphoria in children and adolescents.' In Principles of Transgender Medicine and Surgery. (Ed.) Monstrey, S., Ettner, R., Coleman, E. Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

[9] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub.

[10] De Vries, A. L. C., & Cohen-Kettenis, P. T. (2016). Gender dysphoria in children and adolescents. In R. Ettner, S. Monstrey, & E. Coleman (Eds.), Principles of transgender medicine and surgery: Routledge; Beek, T. F., Cohen-Kettenis, P. T., Bouman, W. P., de Vries, A. L., Steensma, T. D., Witcomb, G. L., ... & Kreukels, B. P. (2016). Gender incongruence of adolescence and adulthood: acceptability and clinical utility of the World Health Organization's proposed ICD-11 criteria. PLoS one, 11(10), e0160066.

[11] Costa, R., Carmichael, O., Colizzi, M. 'To treat or not to treat: puberty suppression in childhood-onset gender dysphoria.' Nature Reviews Urology, 13 (2016): 456-462; Achenbach, T. M., Howell, C. T., Quay, H. C. Conners, C. K. 'National survey of problems and competencies among four- to sixteen-year-olds: parents' reports for normative and clinical samples.' Monogr. Soc. Res. Child Dev.

medical community over whether any sort of psychiatric diagnosis should be available for gender non-conforming children prior to puberty; firstly, it pathologises normal behaviour and secondly, a medical diagnosis is not necessary as no treatment such as hormone therapy or surgical procedures are even considered for this age group.[12]

Although rates of gender non-conforming behaviour and transgender are unclear, reliable surveys consistently report that it is a small percentage of the population that is affected. Persistence rates vary, but it is thought that less than 2.3% of gender dysphoric children will be persisters as adults.[13] This likelihood of 'growing out of it' is declared even in the DSM-5,[14] and is supported by a number of independent studies.[15]

Both cross-gender behaviours and cross-gender wish reduce when children become teenagers. Adolescents reporting discontent with their gender or seeking hormone or surgical management at clinics have been reported as 0.6% of biological males and 0.2% of biological females,[16] although estimates vary widely and no-one really knows.

In a much-quoted study involving questioning of a large cohort of New Zealand high school students who were asked 'Do you think you are transgender?' 94.7% said they were not, 1.2% reported being transgender, 2.5% were not sure, and 1.7% didn't understand the question.[17] The estimate of 1.2% is promoted by leaders of the gender dysphoria service at Melbourne Children's Hospital,[18] but the progenitors of the 'Safe Schools' program appear to have inflated the figure to 4% by adding the unsure 2.5%.[19] Note also that, although this survey has been considered authoritative in some circles, 36.5% of adolescents in the same survey declared they did not understand the question: have you ever been "hit or physically harmed by

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56/3 (1991): 1–131; Sandberg, D. E., Meyerbahlburg, H. F. L., Ehrhardt, A. A., Yager, T. J. 'The prevalence of gender atypical behavior in elementary-school-children.' J. Am. Acad. Child Adolesc. Psychiatry, 32/2 (2993): 306–314.

[12] De Vries, A. L. C. Cohen-Kettenis, P. T. 'Gender dysphoria in children and adolescents.' In Principles of Transgender Medicine and Surgery. (Ed.) Monstrey, S., Ettner, R., Coleman, E. Taylor and Francis, 2016. ProQuest Ebook Central. Web. 29 September 2016.

[13] Coolidge, F. L., Thede, L. L., Young, S. E. 'The heritability of gender identity disorder in a child and adolescent twin sample.' Behavior Genetics, 32/4 (2002): 251–257.

[14] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edn (2013): 451-459.

[15] Drummond, K. D., Bradley, S. J., Peterson-Badali, M., Zucker, K. J. 'A follow up study of girls with gender identity disorder.' Developmental Psychology, 44 (2008): 34-45.; Wallien, M. S., Cohen-Kettenis, P. T. 'Psychosocial outcome of gender dysphoric children.' J. Am. Acad. Child. Adolescent Psych., 47 (2008): 1413-1423.

[16] Kuyper, L., Wijsen, C. 'Gender identities and gender dysphoria in the Netherlands.' Arch. Sex. Behav. 43/2 (2014): 377–85.

[17] Clark, T. C., Lucassen, M. F., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., Rossen, F. V. 'The health and well-being of transgender high school students: Results from the New Zealand adolescent health survey.' (Youth'12). Journal of Adolescent Health, 55/1 (2014): 93–99.

[18] Telfer, M., Tollit, M., Feldman, D. 'Transformation of health-care and legal systems for the transgender population: The need for change.' JPCH, 51/11 (2015);1051-1053.

[19] All of Us: 8. Online: https://www.studentwellbeinghub.edu.au/resources/detail?id=72144922-d5c5-6d32-997d-ff0000a69c30#/. See also Patrick Parkinson, The Controversy over the Safe Schools Program – Finding the Sensible Centre, Legal Studies Research Paper 16/83, University of Sydney, September 2016, p. 17. Online: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2839084.

another person?". The unreliability of such questionnaires has been emphasised in the literature and the figures should be reviewed with circumspection. As a prominent Australian paediatrician has suggested, 'It is false to claim 1.2 per cent of the population is transgender on the basis of the survey. It is wrong to conflate the figure to 4 per cent for the 'Safe Schools' program. That would mean one in twenty-five of all children would be transgender.'[20]

Therefore, although rates of gender non-conforming behaviour and transgender are unclear, reliable surveys consistently reported that it is a small percentage of the population that is affected. Until now.

In recent times there has been a dramatic increase in the number of referrals to Transgender Clinics. There is a significant increase in the number or children seeking treatment in gender clinics. It is too early to assign reasons for this increase, but possible factors include the following:

1. Increased visibility of transgender people in the media (Caitlyn Jenner, Transparent, The Danish Girl) has led to transgender issues entering the societal consciousness as an increasingly mainstream phenomenon, thus contributing to at least a partial de-stigmatization. Political moves to enforce acceptance of transgender behaviour in institutions further 'normalises' transgender and reduces reluctance to present for treatment.
2. The wide availability of information on the internet and other communication channels about gender dysphoria and gender non-conformity are also likely contribute to de-stigmatization.
3. As being transgender enters societal consciousness, more people reflect on their biological and experienced gender, and some may feel an incongruence and therefore possibly question their gender status which had previously always been taken for granted as being aligned with their biological sex.

Many of these changes are good, in that it may mean that children and adolescents suffering from gender dysphoria may receive the help they need. However, clinicians working with adolescents report anecdotally of an increasing trend for self-diagnosis as 'transgender' in this group both individually and in peer groups, suggesting an element of social contagion.[21] A recent study suggests that a complex web of social pressures and social contagion is responsible for an epidemic of gender dysphoria in teenage girls.[22]

The appropriate medical response to issues around gender identity is controversial internationally.[23] One of the problems resulting from the current political incorrectness of opposition to gender fluidity is the reduction of objective research

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[20] Whitehall, J. 'Gender dysphoria and surgical abuse.' Quadrant (15 December 2016). Online: https://quadrant.org.au/magazine/2016/12/gender-dysphoria-child-surgical-abuse/.
[21] Youth Trans Critical Professionals. Professionals Thinking Critically about the Youth Transgender Narrative. Online: https://youthtranscriticalprofessionals.org/about/.
[22] Littman L (2018) Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. PLOS ONE 13(8): e0202330.
[23] Cretella, M. A. (2016). Gender dysphoria in children and suppression of debate. Journal of American Physicians and Surgeons, 21(2), 50-54.

examining the best way to treat children with gender incongruity. However, there is evidence that most gender non-conforming children desist without treatment. This suggests that social transition as an intervention is unnecessary and potentially counter-productive, and support of transition has been referred to as 'abuse' by a growing number of commentators in the field.[24]

Current management of gender dysphoric adolescents recommends transitioning. 'Transition' involves several stages: social transition; puberty blocking with drugs; development of cross-sex features through use of sex hormones; and surgery. There are no long-term studies that compare the alleged benefits and potential harms to gender non-conforming children who undergo hormonal suppression of puberty and long-term hormone use, nor has there been rigorous research comparing this approach to psychotherapeutic interventions for childhood gender non-conformity.[25] This means we do not know whether transitioning leads to better outcomes than supporting the adolescent in the gender of their biological sex. The current ideology has led to the supportive option being criticised, despite the health risks involved in transition. There is evidence that irreversible side-effects of treatment exist, including abnormalities of bone growth, impaired brain development and reduced fertility.[26] There is a high risk of medical complications in both male to female (thromboembolism, liver dysfunction), and female to male (breast and uterine cancer, liver dysfunction) with cross gender hormone treatment.[27] Long term safety issues have not been fully assessed, and potential risks for children and adolescents are based on the adult literature due to lack of research in paediatric populations.[28] The recent legal decision in the United Kingdom (Bell v Tavistock 2020) has questioned the wisdom of using hormonal treatments in minors for the treatment of gender dysphoria.

This evidence suggests that:

1. Exploration of gender is normal in childhood and adolescence, and does not constitute a negation of the binary model of sex and gender.
2. The majority of children and adolescents experiencing gender incongruity will desist by adulthood without treatment.
3. There is evidence that promotion of gender fluidity has increased the rate of diagnosis of gender incongruence, and the number of children and adolescents being subjected to harmful treatments which may have lifelong side-effects.

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[24] Whitehall, J. 'Gender dysphoria and surgical abuse.' Quadrant (15 December 2016). Online: https://quadrant.org.au/magazine/2016/12/gender-dysphoria-child-surgical-abuse/.; Cretella, M. 'I'm a Pediatrician. How Transgender Ideology Has Infiltrated My Field and Produced Large-Scale Child Abuse.' The Daily Signal (3 July 2017). Online: http://dailysignal.com/2017/07/03/im-pediatrician-transgender-ideology-infiltrated-field-produced-large-scale-child-abuse/; Cook, M. "Autism, gender-dysphoria link: The evidence mounts." News Weekly 2989 (2017): 5.

[25] Hayes, Inc. 'Sex reassignment surgery for the treatment of gender dysphoria.' *Hayes Medical Technology Directory*. Lansdale, Pa.: Winifred Hayes; 15 May 2014.

[26] Kreukels, B. P., Cohen-Kettenis, P. T. 'Puberty suppression in gender identity disorder: the Amsterdam experience.' *Nature Reviews Endocrinology*. 7/8 (2011): 466-72.

[27] Hembree, W. C., Cohen-Kettenis, P., Delemarre-van de Waal, H. A., Gooren, L.J., Meyer, W. J. 3rd, et al. 'Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline.' *J. Clin. Endocrinol. Metab.*, 94/9 (2009): 3132–54.

[28] Hayes, Inc. 'Sex reassignment surgery for the treatment of gender dysphoria.' *Hayes Medical Technology Directory*. Lansdale, Pa.: Winifred Hayes; 15 May 2014.

For these reasons I see promotion of gender fluidity as fact in our schools as a harm which should be avoided.

One of my concerns about the 'normalisation' of gender incongruity is that it deprives the sufferers of the medical assistance they require. It is well established that some individuals experiencing gender incongruence (which was until recently identified as a mental disorder), may have extensive support needs.[29] High levels of psychiatric disease have been reported in both pre-pubertal gender dysphoric children,[30] and adolescents.[31] These include anxiety disorders, phobias, mood disorders, depression, and attention deficit disorder (ADHD), suicidal and self-harming behaviours, psychotic symptoms, behavioural problems, substance abuse, and anorexia nervosa. There is increasing evidence of links between gender dysphoria and autism spectrum disorder.[32] I am concerned that the current promotion of gender fluidity as a normal human experience will lead to the underdiagnosis and undertreatment of those who experience significant pathology.

I anticipate that some opposition to this bill will be based on the notion that it will promote stigmatisation of the transgender community. I would like to state that my own research (currently under academic journal peer review) has confirmed that the individuals experiencing gender incongruence and transgender individuals who have participated in such projects overwhelmingly do not ascribe to the ideology of gender fluidity. Several reported that the societal push to 'normalise' transgender has been unhelpful in their personal search for identity. I have found no evidence that the banning of teaching gender fluidity ideology would in any way be harmful to these individuals. Indeed, the transcripts of these individuals generally reflected a desire for more factual teaching to be made available in the community in order for others

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[29] Cecilia Dhejne, Roy Van Vlerken, Gunter Heylens & Jon Arcelus (2016) Mental health and gender dysphoria: A review of the literature, International Review of Psychiatry, 28:1, 44-57, DOI: 10.3109/09540261.2015.1115753

[30] Wallien, M. S., Swaab, H., Cohen-Kettenis, P. T. 'Psychiatric comorbidity among children with gender identity disorder.' J. Am. Acad. Child. Adol. Psych., 46 (2007): 1307-1314.

[31] Kaltiala-Heino, R., Sumia, M., Työläjärvi, M., Lindberg, N. 'Two years of gender identity service for minors: overrepresentation of biological girls with severe problems in adolescent development.' Child and Adolescent Psychiatry and Mental Health, 9/1 (2015)): 1-9.; Children and adolescents with gender identity disorder referred to a pediatric medical center. Spack, N. P., Edwards-Leeper, L., Feldman, H. A. et al. 'Children and adolescents with gender identity disorder referred to a pediatric medical center.' Pediatrics, 129/3 (2012): 418-425.; Steensma, T. D., Zucker, K. J., Kreukels, B. P. et al. 'Behavioural and emotional problems on the Teacher's Report Form: a cross national, cross-clinic comparative analysis of gender dysphoric children and adolescents.' J. Abnorm. Child. Psycho., 42 (2014): 635-647.; Hewitt, J. K., Paul, C., Kassiannan, P. et al. 'Hormone treatment of gender identity disorder in a cohort of children and adolescents.' MJA, 196/9 (2012)): 578-581.; De Vries, A. L., Noens, I. L., Cohen-Kettenis, P. T. et al. 'Autism spectrum disorders in gender dysphoric children and adolescents.' J. Autism Dev. Dis., 40/8 (2010): 930-936.; Holt, V., Skagerberg, E., Dunsford, M. 'Young people with features of gender dysphoria: demographics and associated difficulties.' Clin. Child. Psychol. Psychiatry, 164/1 (2016): 108-118.

[32] De Vries, A. L., Noens, I. L., Cohen-Kettenis, P. T. et al. 'Autism spectrum disorders in gender dysphoric children and adolescents.' J. Autism Dev. Dis. 40/8 (2010): 930-936.; Strang, John F., et al. 'Increased gender variance in autism spectrum disorders and attention deficit hyperactivity disorder.' Archives of sexual behaviour, 43/8 (2014): 1525-1533.; Van Der Miesen, A. I., Hurley, H., De Vries, A. L. C. 'Gender dysphoria and autism spectrum disorder: A narrative review.' International Review of Psychiatry, 28/1 (2016): 70-80.; Cook, M. 'Autism, gender-dysphoria link: The evidence mounts.' News Weekly 2989 (2017): 5. Similar links have been identified between autism spectrum disorders and anorexia nervosa, Westwood, H., Tchanturia, K., 'Autism Spectrum Disorder in Anorexia Nervosa: An Updated Literature Review.' Curr. Psychiatry Rep., 19/7 (2017): 41.

to understand their struggles. Therefore it cannot be assumed that the introduction of this legislation would damage attempts to support those individuals who genuinely suffer with gender incongruity. Indeed it may be of assistance. Persistent gender incongruence is not normal. Many of those suffering from this condition require medical help and it does not help them if the pathology is not recognised. Current ongoing discussion at an international level regarding the World Health Organisation's update of the tenth version of their diagnostic tool, the International Classification of Diseases [33] favours retention of a diagnosis of Gender Incongruence.[34] This is based on the need for a medical diagnosis before healthcare is available in many countries, therefore an acknowledgement of pathology.

The preceeding comments are my own and I do not represent any institution in this submission. I would be happy to elaborate on this submission in person if required.

Best wishes

[33] World Health Organization (1992). International Statistical Classification of Diseases and Related Health Problems, 10th Revision. Geneva, Switzerland: Author.
[34] Beek TF, Cohen-Kettenis PT, Bouman WP, de Vries ALC, Steensma TD, et al. (2016) Gender Incongruence of Adolescence and Adulthood: Acceptability and Clinical Utility of the World Health Organization's Proposed ICD-11 Criteria. PLOS ONE 11(10): e0160066.