



**Submission to the AHRC on:
“Current and emerging threats to transgender and gender diverse human rights”**

Genspect is an international alliance of parents and professional groups who advocate for a non-medicalised approach to gender diversity. Our members also include concerned trans people and detransitioners, whose contribution informs our activities. We number in our thousands, including increasing numbers of Australian clinicians and parents within **Genspect Australia**. The Genspect Australia committee includes psychiatrists, psychologists and general practitioners who have all been involved in treating individuals with gender dysphoria. We also have parents whose children have attended child or adult gender clinics and are very familiar with the practice of gender medicine in Australia. We represent the interests of gender dysphoric youth as well as concerned clinicians and parents. Disturbingly, the majority of clinicians fear losing their jobs if they speak out regarding the medicalisation of gender identities, and parents fear losing contact with their children if they express their concerns publicly. We speak for them.

Australia is a signatory to a number of human rights conventions which provide an agreed set of human rights standards. The conventions provide important guidance to governments and organisations on their obligations to act in certain ways, or to refrain from certain acts, to promote and protect human rights and fundamental freedoms of individuals or groups.

A human rights framework that promotes the freedom and autonomy of individuals incorporates provisions to ensure that such freedoms do not impact on the rights of others (see Article 29(2) of the Universal Declaration of Human Rights). Accordingly, adult rights to freedom and autonomy should not be automatically conferred to children and adolescents. A human rights framework includes consideration of the rights of children and the need to protect them from harm. As stated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth".

Genspect Australia considers that the provision of so-called ‘gender-affirming care’ in Australia represents the greatest current threat to the human rights of gender non-conforming young people. The medical treatments being given to children and young people lack evidence for safety and efficacy [1], and violate the following provisions of the human rights conventions to which Australia is a signatory:

Convention on the Rights of the Child (1989)

Article 3 (3) Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Commissioned by the UK’s National Health Service, the Cass Review Final Report, published on 10 April 2024 [1], conducted eight independent systematic reviews of the global research literature to underpin its recommendations [2]. It reveals there is no clear evidentiary basis for medical gender affirmation interventions in children and confirms that the evidence for puberty suppression and

cross-sex hormone treatment is of such poor quality that no foundation exists for clinical decisions and informed consent.

In view of this, the Cass Review recommends that puberty blockers be restricted to high quality, ethics-approved, clinical research trials. It also recommends that cross-sex hormones be used with extreme caution in people between ages 16 and 18, with approval from an independent panel required.

Concern about the human rights implications of the findings of the Cass Review was raised by Reem Alsalem who is the United Nations Rapporteur on violence against women and girls, its causes and consequences: “While the Cass Review may not have framed its conclusions and findings explicitly in human rights language, it has – in my view – very clearly shown the devastating consequences that policies on gender treatments have had on human rights of children, including girls. These policies have breached fundamental principles, such as the need to uphold the best interest of the child in all decisions that affect their lives, and the right of children to the highest attainable standards of health” [3].

Australian paediatric gender clinics are yet to conform to the clinical standards established by the competent authority of the Cass Review Final Report. Australian paediatric gender clinics instead continue to provide interventions according to two documents that were given failing grades on ‘Rigour of Development’, ‘Editorial Independence’ and ‘Applicability’ by the Cass Review – the WPATH Standards of Care, and the Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents [4]. These documents are therefore not competent authorities on health care and, consequently, the model of care currently provided in Australian gender clinics is in breach of Article 3(3) in the Convention on the Rights of the Child (1989).

International Covenant on Civil and Political Rights

Article 7 No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.

Dr Hilary Cass, the paediatrician commissioned to conduct the review discussed above, has said that while doctors tend to be cautious in implementing new findings in emerging areas of medicine, “quite the reverse happened in the field of gender care for children”. She said that gender medicine is “built on shaky foundations” [5,6].

On 12 March 2024, the NHS England announced that from 1 April 2024 they would no longer routinely prescribe puberty blockers. The NHS explained: “We have concluded that there is not enough evidence to support the safety or clinical effectiveness of Puberty Suppressing Hormones to make the treatment routinely available at this time”. Puberty blockers will only be available in future, as part of a research trial.

The Cass Review Final Report similarly found that evidence of benefit from puberty blockers was lacking: “no changes in gender dysphoria or body satisfaction were demonstrated. There was insufficient/inconsistent evidence about the effects of puberty suppression on psychological or psychosocial wellbeing, cognitive development, cardio-metabolic risk or fertility.” [1]

Regarding masculinising/feminising hormones, the Cass Review found: “There is a lack of high-quality research assessing the outcomes of hormone interventions in adolescents with gender dysphoria/incongruence, and few studies that undertake long-term follow-up. No conclusions can be drawn about the effect on gender dysphoria, body satisfaction, psychosocial health, cognitive development, or fertility. Uncertainty remains about the outcomes for height/growth,

cardiometabolic and bone health. There is suggestive evidence from mainly pre-post studies that hormone treatment may improve psychological health, although robust research with long-term follow-up is needed”.

Therefore, whilst puberty blockers continue to be provided outside of an ethics-approved clinical research trial in Australia, and cross-sex hormones are prescribed to minors, children are being subject to medical experimentation. Children are prescribed puberty blockers and cross-sex hormones at an age when they are unable to provide free and informed consent because they are unable to comprehend the implications of lifelong infertility, impairment in sexual functioning, and serious physical health problems.

In addition, published data regarding the high rates of co-occurring mental health and developmental conditions amongst children presenting to an Australian gender clinic indicates that a significant proportion of the children being subject to such medical experimentation would meet the definition of disabled as defined in relevant state legislation [7].

Lastly, there is no greater evidence for efficacy and safety of treatments for adult patients than for children. In the absence of reliable data on safety, true informed consent cannot be given. Patients are not being informed that they are being given an experimental and unproven treatment, violating article 7 listed above. Furthermore, Australian guidelines do not preclude the provision of hormonal treatment and gender surgeries for severely mentally ill patients who are unable to properly consent, violating the rights of the disabled.

Universal Declaration of Human Rights

Article 16. Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family.

The medical and surgical interventions (puberty blockers, cross-sex hormones and gender surgeries) delivered to gender diverse children and adolescents in Australia pose a significant threat to their right to found a family. Puberty blockers are prescribed to gender diverse children from the start of puberty (age 10 to 12) when children, due to mental immaturity, are not able to comprehend the full implications of life-long infertility. Decision making in children and adolescents tends to be based on short-term factors with longer-term consequences being relatively disregarded. Studies indicate that ~95% of children prescribed puberty blockers go on to take cross-sex hormones. Children following this pathway will be permanently infertile. In Australia, cross sex hormones are prescribed to children as young as age 14. Both testosterone in females and oestrogen in males impacts fertility, with puberty blockers and oestrogen being of particular concern for destructive effect on the testicles [8].

Therefore, the hormonal and surgical interventions provided by gender services in Australia are a threat to the human right of transgender and gender diverse people to found a family.

Convention on the Elimination of All Forms of Discrimination Against Women (1979) CEDAW

Article 10. Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (c) The elimination of any stereotyped concept of the roles of men and women at all levels and in all forms of education by encouraging coeducation and other types of education which will help to achieve this aim and, in particular, by the revision of textbooks and school programmes and the adaptation of teaching methods;

The educational resources used by advocates of gender affirming interventions for children and adolescents, such as the 'gender unicorn' and the 'genderbread person' rely on regressive sex stereotypes. This is a form of discrimination against girls and women who are asked to view being a girl or a woman as 'an inner feeling', rather than a biological reality, and to accept that a female 'gender expression' is an appallingly restricted range of interests, activities and appearance preferences. This violates article 10 above, and similar concerns apply to boys being presented with rigid stereotypes of manhood.

Such reliance on regressive sex stereotypes risks placing sex-non-conforming girls and women at the beginning of a pathway towards gender interventions that can have serious, long-term consequences as outlined above. The DSM-V criteria for the diagnosis of Gender Dysphoria in Children relies on such regressive sex stereotypes by considering, as evidence for a diagnosis, the child's clothing preferences and preferences for "toys, games, or activities stereotypically used or engaged in by the other gender".

Regarding the diagnosis of gender dysphoria, the Cass Review Final Report stated: "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of whether that young person will have longstanding gender incongruence in the future, or whether medical intervention will be the best option for them." This indicates that there is no scientific foundation for the use of regressive sex stereotypes as the basis for providing poorly-evidenced medical interventions aimed at changing the body of the child. Without such gender stereotypes, children would be able to continue to dress, play and choose playmates without facing the future risks associated with puberty blockers and cross-sex hormones: infertility, lack of sexual function, long-term physical health problems and the risk of regret.

Therefore, the educational resources used by paediatric gender clinics and trans advocacy organisations that reinforce regressive sex stereotypes as part of an education program about 'gender identity' places Australia in breach of its commitment to eliminate stereotyped concepts of the roles of men and women at all levels and in all forms of education.

In summary, Genspect has identified a number of current and emerging threats to transgender and gender diverse human rights stemming from the gender-affirming treatment model provided in Australian paediatric and adult gender clinics. Genspect urges the AHRC to take immediate action to halt these gender clinic services which are providing experimental medical interventions to children and adolescents, a significant proportion of whom suffer a disability. Gender interventions are underpinned by regressive sex stereotypes and affect the child's future ability to found a family. We urge the AHRC to ensure that gender services for children operate in accordance with Australia's human rights obligations to ensure that health services conform to the standards outlined by a competent authority. The definition of competent authority must include adherence to the best available evidence. Unfortunately, this currently precludes a number of medical bodies in Australia that are dominated by activist interests rather than evidence-based medicine. This requires the AHRC to insist on the implementation of the recommendations within the Cass Review Final Report in Australian paediatric gender services.

References

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