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SUBMISSION TO AUSTRALIAN HUMAN RIGHTS COMMISSION

Current and Emerging Threats to Trans and Gender Diverse (TGD) Human Rights

Haven Psychology is a small private psychology practice, offering in-person services to clients in Meanjin (Brisbane) and Naarm (Melbourne), and telehealth to clients around Australia and overseas. We are inclusive and affirming of multiple intersectionalities across the human spectrum including being neurodivergent and LGBTIQAP+SB affirming, sex positive, and view differences such as gender diversity should be accepted, celebrated and honoured. This creates an environment that many clients seek from a psychology practice, with 49% of our clients self-reporting (August 2023) as LGBTIQAP+SB with a substantial subset of this group self-reporting as trans, non-binary and gender diverse.

In addition to their psychology qualifications, five of our thirteen psychologists hold additional tertiary qualifications in Sexology. As a practice, we consider the informed consent model with gender affirming care as best practices. To this end, we do provide assessments in accordance with WPATH guidelines assessing for capacity and readiness for puberty suppression, hormone treatment, or gender confirming surgery when required by medical practitioners or their insurance agencies.

As a practice, Haven Psychology believes that the recently released Cass Review by Hilary Cass is a very current and real threat to TGD people in Australia. There is already a large group of medical and allied health professionals who believe that Australia should not provide puberty suppression and hormone treatment to those under the age of 18 and view the Cass Review as a model to follow. There are also some who believe that adults with co-occurring conditions and differences such as autism and other neurodivergences, and mental health concerns or other arbitrary reasons, regardless of being found to have decision-making capacity, be denied the right to body autonomy, be subjected to unnecessary and cruel lengthy delays to gender affirming healthcare. Haven Psychology believes such extremes are considered barbaric, cruel and against the Australian Health Practitioner Regulatory Agency (AHPRA) Code of Ethics, as well as those under the other various Boards, such as the Psychology Board Code of Ethics. To follow the pathway of the UK using the guidelines and recommendations from the Cass Review, is to endorse oppressive practice, allow conversion therapy, gaslighting and other forms of violence against one of the most vulnerable and marginalised groups of people.

'The ultimate tragedy is not the oppression and cruelty by the bad people, but the silence over that by the good people.' Martin Luther Kind Jr

Background

Commissioned by England's National Health Service (NHS), the Cass Review is a review into the current gender identity services for children and young people. It was conducted by Hilary Cass, and published in April 2024. It is said to evaluate the current research and provision of clinical services, through data gathered from clinicians, academics, and individuals with lived experience. The review purports to help young people by delivering healthcare providers with an understanding of current research and clinical climate, to inform their health care approaches. Thirty-two recommendations have been made from Cass's findings broadly encompassing clinical approach and management, assessment, diagnoses, social transitioning, medical pathways, long-term outcomes, de-transitioning, training and education, clinical research, and implementation. The Cass review was conducted over four years and commissioned systematic literature reviews on several topics to form the findings and recommendations made. Some concerning recommendations include the cessation of puberty

blockers prescribed by the NHS, discouraging the access to hormones prior to 16-years-old, additional steps to accessing hormonal intervention once 18 years-old, encouragement to postpone hormonal intervention until over 25 years-old, the requirement of gender dysphoria prior to receiving hormonal intervention, and individuals' cases to be discussed at a national board before approval for hormonal intervention. Unlike the UK, children's gender clinics across Australia already use multidisciplinary teams as per guidelines (Telfer, Tollit, Pace, & Pang. (2018).

Concerns

The systematic literature reviews used to inform the recommendations were commissioned specifically for this review and thus were not created in the natural development of research in the scientific field and cannot be without bias and limitations. These literature reviews were all conducted by the same team throughout the four-year process. A major issue with the methodology and thus the conclusions drawn from Cass's review is the exclusion of significant bodies of research. Stringent high parameters were set for inclusion in the systematic literature reviews that were commissioned. Observational studies, which are particularly valuable in guiding clinical practice in the gender and sexually diverse space were excluded as low-level evidence (Horton, 2024).

The Cass Review includes discussions around the aetiology of trans identities, the framing of identity fluidity as a "research priority", the use of the word "epidemiology" in relation to trans identities, and its endorsement of gender dysphoria prior to hormonal intervention incorrectly and unnecessarily pathologises trans people (Horton, 2024). Allowing a group of people based on their identity to be pathologised against a medical model is inconsistent with the Australian Standards of Care for trans children's healthcare, which states that "being trans or gender diverse is now largely viewed as being part of the natural spectrum of human diversity." (Telfer et al., 2018) and the World Professional Association for Transgender Health (WPATH)'s latest Standards of Care (version 8) chapter on children, which states that "childhood gender diversity is an expected aspect of general human development" and "childhood gender diversity is not a pathology of mental health disorder" (Coleman et al., 2022).

The conclusions being made by Cass (2024) is that there is a lack of high-quality research in the form of randomised control trials (RCTs), and therefore nothing should be done without sufficient evidence that the specific treatment is the best approach. In fact, it would be highly unethical to produce such research in this cohort – a fact that is not at all recognised in the review.

Cass endorses a "watch and wait approach" including the urging to slow down and consider waiting until 25 years of age before gender affirmation is begun. The Cass review reports there is no evidence that waiting for gender affirming care negatively impacts an individual. However, this is not the case, and it has been found in numerous studies the positive impacts of receiving medical and social intervention including reduction in experiences of gender dysphoria, depression, anxiety, and lowered suicide risk (Lopez de Lara et al. 2020; Achille et al. 2020; Kaltiala et al. 2020; Allen et al. 2019)

Legislations

The recommendations to withhold or create more barriers to a treatment that can improve any person's physical and social well-being is undoubtedly unethical and in direct violation of several policies and legislations. Including more industry specific guidelines such as the APS guidelines on working with sex and/or gender diverse clients - Informed consent and Children and Young people. Further legislations or declarations at risk in this situation include but are not limited to –

- United Nations Human Rights charter - Economic, Social, and Cultural Rights – articles 1, 9, 12, and 15 that state individuals have the right to self-determination, social security, the highest attainable standard of physical and mental health, and to enjoy the benefits of scientific progress and its applications. While there is medical intervention available, that has been shown to improve psychological and general wellbeing, that is being withheld due to an unachievable research standard these articles are not being upheld.
- Human Rights Act 2019 (QLD) - s15 the right to recognition and equality before the law, s17 protection from torture and cruel, inhuman, or degrading treatment, and s37 the right to health services. The flow on effect socially, and systemically that these broad recommendations and conclusions have made will create further discrimination and barriers to necessary healthcare interventions.
- Public Health Act 2005 (QLD) - s213F Meaning of conversion therapy, and 213H Prohibition of conversion therapy. Specifically in that the Cass review fuels the concept of gender diversity as a disorder, in particular to the vulnerable population of children and young people.

Summation

In no other space is a populations personal identity and medical needs discussed so openly and aggressively. The prohibition and limitations being put on necessary interventions including medical, surgical, or psychological is at best frustrating and distressing and at worse life threatening. An already marginalised, stereotyped, and vulnerable population will further be "othered". The impacts of potentially lifesaving medical affirming intervention becoming even more difficult and timely will be significant and violate many of the legislations outlined above.

There exist clear risks from the summarising and mass-media coverage this report is receiving. The risks of generalisations and "take home message" many members of the public are getting will further create a space of misunderstanding, discrimination, and helplessness for gender diverse people and children. For example, The UK newspaper *The Telegraph* published an article titled "Key findings of the Cass report: stop giving drugs to children and rushing them into treatment". The over simplified, uninformed conclusions being grabbed by the media and socialist groups will continue to spread misinformation about gender diverse people and their medical care.

We are already seeing the recommendations from the Cass review fuelling dangerous assumptions and stereotypes regarding trans and gender diverse people. The link between gender affirming hormonal intervention and positive psychological outcomes has been established. A medical rigor standard (RCTs) for a social situation (gender diversity) is clearly inappropriate. Gold standard research to support intervention will never exist and to set such a bar is harmful both practically and societally.

To change the way Australian gender clinics, and health practitioners using Cass Review (or similar 'wait and see' approaches) is to deny the rights of a group of people whose suicidality and adverse impacts of mental health is already up to 16 times higher than their cisgender peers. The endorsement of (cisgender) privilege and oppression is at the very opposite of what is considered person-centred, critically reflective practice.

Far from being a strengths-based and affirming approach, the Cass Review guidelines and recommendations ensures that TGD peoples continue to be oppressed, provides permission for those in privileged positions to endorse and perpetuate oppression without worry for accountability or reproach. Providing gender affirming care is helping an individual improve their overall health and wellbeing. It is not about treating an illness, although treating gender dysphoria may be part of an overall treatment plan towards gender euphoria.

The research is clear; gender affirming care not only improves the overall health and wellbeing of young people, it is life-saving.

Denise Abreu
CEO and Principal Psychologist
Psychosexual Therapist

References

Achille, C., Taggart, T., Eaton, N. R., Osipoff, J., Tafuri, K., Lane, A., & Wilson, T. A. (2020). Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International journal of pediatric endocrinology*, *2020*, 8. https://doi.org/10.1186/s13633-020-00078-2

Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones (Vol. 7). Educational Publishing Foundation.

Coleman E, Radix AE, Bouman WP, Brown GR, de Vries ALC, Deutsch MB, Ettner R, Fraser L, … Arcelus J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*. doi: 10.1080/26895269.2022.2100644. PMID: 36238954; PMCID: PMC9553112.

Horton, Cal. (2024). The Cass Review: Cis-supremacy in the UK's approach to healthcare for trans children. International Journal of Transgender Health. 1-25. 10.1080/26895269.2024.2328249.

Kaltiala, R., Heino, E., Työläjärvi, M., & Suomalainen, L. (2020). Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria. *Nordic journal of psychiatry*, *74*(3), 213–219. https://doi.org/10.1080/08039488.2019.1691260

Lopez de Lara, D., Pérez Rodríguez, O., Cuellar Flores, I., Luis Pedreira Masa J., Campos-Muñoz L., Cuesta Hernández M., Tomás Ramos Amador J. (2020). *Anales de Pediatría (English Edition). 93*(1), 41 – 48. doi: 10.1016/j.anpede.2020.01.004

Telfer M.M., Tollit M.A., Pace C.C., Pang K.C. (2018). Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents. *Medical Journal of Australia. 209*(3). 132-136. doi: 10.5694/mja17.01044.