

Who will feel confident submitting on the Conversion Therapy Bill?

The bill, by potentially criminalising parents who do not support their children in adopting a new gender identity assumes that children announcing are fixed in their belief and should be affirmed for their wellbeing. But the best evidence shows that more than 80% of children who have gender identity issues resolve them. Increasingly evidence is emerging of social contagion in children who believe they were 'born in the wrong body' or are transgender. In addition the research that evidence that gender medicine (whether by blocking puberty or by adding cross sex hormones) improves lives is very low, and what is available shows that treatment is of low value eg puberty blockers do not improve psychological functioning and do not reduce body discomfort.

Criminalising people who doubt that endorsing their child's stated 'gender identity' by social transition and medication is cruel and unthinking especially when in many countries affirmative approaches to gender change are being rolled back as a result of the harm they are causing. NZ parents and medical staff are becoming aware of this. But the New Zealand government is proposing to double down on an affirmative approach by criminalising those who doubt it is good policy.

How realistic is it that sceptics of affirmation can speak truthfully when they will be regarded as no better than criminals? Will they feel safe to submit their ideas to a Select Committee? This table outlines why this consultation is a farce. Most of the opponents of the gender identity and children components of the bill are already silenced. The table below shows why few sceptical doubters can make their views known.

Let's divide potential advocates and opponents of criminalisation into two groups.

Enthusiastic affirmers: These people want counsellors and clinicians to affirm children who come to their clinics with gender issues or self-diagnose themselves as transgender because "children know who they are." They often do this because they hold alarmist beliefs such as that the children might otherwise commit suicide or that their mental health will worsen unless affirmed.

Sceptical doubters: These people want counsellors and clinicians to be empowered to carry out a full differential diagnosis when children present with gender issues or self-diagnose themselves as transgender ensuring that the causes of underlying mental health conditions and beliefs are addressed,

Even though there is a strong evidence base supporting the position of sceptical doubters the table below outlines the various reasons why most categories of people who are sceptical about a legal remedy will be unable to submit to the select committee publicly.

Group	Enthusiastic affirmers:	Sceptical doubters:	Why sceptical doubters will not / can not provide evidence except possibly in secret.
Sexual health nurses with Family Planning	Yes In person	No would need a private	Family Planning is an advocate of an extreme form of self-identification even proposing that in its submission to the

		hearing.	BDMRR that sex be deleted altogether from Birth Certificates. Unlikely that nurses would be willing to provide evidence
Clinicians	Yes In person appearances by gender doctor advocates	No	Gender doctors and former gender doctors including those who have left the gender medicine sector with grave doubts will be unlikely to appear. They fear professional backlash.
Children and young people with a transgender identity (OR) gender dysphoria	Yes In person	Not likely	Desisters and detransitioners are threatened and harassed by the "Rainbow" community if they speak out
People who had gender dysphoria that resolved	N/A	Probably not. They are unlikely even to see the relevance.	The research shows that there are between 60% and 100% of the people who once identified as having dysphoria or wishing to be the other sex grow out their belief. Longest run research 87%
Rainbow Organisations	Yes	Unlikely	Lesbians and gay men who do not support affirmation are excluded from the Rainbow community, banned from gay and lesbian social media page, harassed online and banned from rainbow events.
Social workers	Yes In person	No	Existing affirmative professional protocol in place
Parents who have a trans identifying child and parent organisations	Yes	No!	Parents who are sceptical that their child is on the right path still need to maintain a good relationship with the child. Appearing openly at a select committee could damage that.
Other parents including of transgender or desisted children.	Possibly	Unlikely	Most parents of children who have desisted would not submit and potentially embarrass their children or worse put themselves and their children in line for harassment as being anti-trans.
Educators Teachers	Yes In person	No	Existing NZEI and PSA affirmative protocols as well as the RSE guidelines would make any such person very vulnerable.
Psychologists	Yes In person	Unlikely	Possibly. Some parts of the profession have published material that is sceptical about affirmative treatment.
Psychiatrists	Yes In person	Yes.	Possibly the Australian NACP have changed their advice to provide psychosexual support.
Psychotherapists	Yes In person	Possibly	Some counselling and psychotherapy organisations have no fixed position yet
Nurses in general	Yes In person	No	The nursing journal has published laudatory pieces of affirmative beliefs
Overseas experts	Yes	Possibly. Overseas protocols are generally no longer	Unlike in NZ some voices against affirmative treatment of children with gender dysphoria have spoken out. There are increasingly influential and respected organisations such as Genspect,

		affirmative.	Transgender Trend, SEGM that are advocating against transitioning children
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