

Conversion Practices Prohibition Legislation bill consultation

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There is conversion therapy harm already

But it’s not what you imagine. By suggesting that gender identities exist and that they should be claimed the government endorses a belief system that has developed in popular culture. By pervading our culture including in schools children who feel they are in some way “wrong” attribute the cause of these feelings about who they are to be because they are transgender. Being ‘trans’ provides a powerful escape route for those who feel whose lives are distressing. It also makes their parents wrong if they fail to endorse every aspect of the transgender belief system even when the parents know the child has other issues to address. And now, when the emerging science tells these parents that there is very low quality evidence that puberty blockers (and even cross sex hormones) solve the very problems their adherents claim the proposed law could still act against them.. Gender ideology endorses the idea of a flight from the body as a valid response to distress.

Legislating for gender ideology will serve to break the bonds of trust in families in a way that is reminiscent of the most brutal of societies. Overseas we have seen children removed from families when their parents fail to endorse gender medicine as well as the imprisonments of parents. Already the transgender movement encourages children to find fault with their own parents and to regard them as transphobic and untrustworthy. The instructions to ‘trans’ kids promulgated by social media and echoed by their peers and trans adults is similar. *Come and live with us. We understand you! Don’t trust ‘cis’ people.’*

There is evidence that advocates for gender medicine [are careless about](#) the difference between conversion and diagnosis. The regulatory impact assessment dangerously endorses this by suggesting that exploring gender identity could be a disguised conversion practice.

It also seems that many people [will be unable to appear](#) at , or even to write to the Select Committee because of the stranglehold that ‘gender ideology’ has. This limits the

opportunity for a properly informed discussion. Coupled with the absence of discussion to date this is a serious problem.

Conversion Practices and Gender Transition

Both the media and professional bodies here **are already** focussed on affirmation of the maladaptive reasoning of gender change (which is easy but harmful) in a way that would never happen with other social contagions like anorexia and cutting. These are challenging to treat – in that it involves countering a false belief about body image but success at least aligns the person with their body and not their faulty beliefs. Gender affirmation by health professionals **already** agrees with the young person that they are wrong in that they do not fit with their body.

They **already** err on the side of over-treatment by:

- a) changing the cultural understanding that kids awkward with gender stereotypes are the opposite sex rather than making the bandwidth for what is understood as male and female broader
- b) ignoring all the research that the vast majority of these kids resolve their discomfort as they mature
- c) taking precipitate action like offering medication at the outset rather than offering discovery of underlying issues.
- d) failing to research the reasons for the massive increase in numbers and the change in sex from older males to younger women when at the same time young women are faced with
 - i) porn laced boys who have learned about sex from internet pornography
 - ii) "choice" feminism and an environment that endorses hyper femininity.

Mental Health Impacts

There is no consideration in relation to the bill, or in relation to transgender medicine as practices in New Zealand, as to whether the massive up-tick in mental health issues for girls and young women since the invention and wide availability of the i-phone has not also been the source of gender change decisions. What could be more enticing when misery, anxiety and depression wreak havoc than to believe that there is escape from the body; transcendence from the present unhappy reality. The impacts are detailed in George's Monbiot's 2016 article [*Neoliberalism is creating loneliness. Thats whats wrenching society apart.*](#) The article outlines the impacts of social media, extreme individualism, neo-liberalism, climate change and mobile phones. He also describes how the same pathways that process physical pain also process mental pain.

New Zealand is the transgender medicine's wild west.

There has been almost no coverage of the case against gender medicine for children in New Zealand's media. In fact the opposite. Our major outlets publish a transgender story almost every day. In contrast stories have been spiked or rewritten following complaints from transgender activists. Articles have been published and then removed. Even letters to the editor have been altered to remove factual, referenced information.

In 2012 the [New Zealand Guidelines Group](#) – the body whose role was “to promote the use of evidence in the delivery of health and disability services” went into voluntary liquidation.

Since then new health guidelines appear not to be subject to external checks and are subject to capture by interest groups. The [Waikato guidelines](#) for example start from the premise that:

- gender change is associated with the indigenous beliefs and practices of te Ao Māori – that these support the claim that historically there were indigenous genders despite there being no evidence of this.
- that affirmation is the best course of action in relation to gender
- that to do nothing is to cause harm

Unlike other jurisdictions in NZ puberty blockers are used very freely up to the age of 20.

Unlike in the UK, Sweden, Finland and Ireland and [Western Australia](#) which have put their affirmative policies in reverse information that Puberty Blockers are safe and fully reversible remains on the Ministry of Health website.

Compared with the UK NZ transgender medicine guidelines are extreme:

- The guidance is for an “affirmation only”. Doctors are not required to address root causes.
- There is early social transition – not advised by other jurisdictions and which is essentially an untested experiment for which there is no evidence base.
- There is no diagnosis by clinicians only a discussion about the child’s gender journey.
- No research has asked questions about the startling increase in numbers.
- Appears that the rate of medicated children in NZ is far higher than in the UK.
- Doctors have been recorded prescribing blockers within the first ten minutes of a consultation

It appears from the small amount of data available that NZ has far higher rates of medication of children both as a proportion of children who are referred and as the all of population rate. It appears that this is likely a result of the liberal rules in place.

Will the bill capture transing the gay away?

Most worryingly it appears that the most common form of conversion therapy that is happening is not gay to straight or ‘trans’ to ‘cis’ but young same sex attracted people being encouraged to regard themselves as transgender.

Current policy settings already act to convert gay and lesbian kids to trans kids. Left alone without medication or social transition most young people desisted. Many of them became lesbian or gay men. http://www.sexologytoday.org/2016/01/do-trans-kids-stay-trans-when-they-grow_99.html In the longest run study 87% of males desisted from their belief. <https://www.frontiersin.org/articles/10.3389/fpsy.2021.632784/full>

There are many instances where it appears that medical and other professionals actually cause people to transition who would otherwise not. Psychologists ask ‘do you think you might be transgender’ as part of their diagnosis. Rainbow Youth helps young people explore and affirm their gender and asks the same question. So do other authority figures

The [options available](#) to a confused (and possibly same sex attracted) young woman was to be asked by a teacher ‘whether you want to **be with men** or whether you want **to be a man**. On the same day this young woman was provided with the language, the contacts, the resources to embed her new found belief. Alex is now a transman who appears at medical conferences and was co-author of a research paper about the gender medicine

services at Victoria University Of Wellington. '[A little bubble of utopia](#)' advises that the student health service has no bar and no diagnosis to access gender change hormones. One of it's service users described not having to go through a gatekeeping process of saying there were no questions about

'are you masculine enough or are you feminine enough?', it was simply a matter of, 'you want hormones, okay let's figure out the best way to give them to you'

In chap 43 of Female Erasure the following points are made From the book Female Erasure, Editor R. Barrett Chapter 43 The Surgical Suite: Modern Day Closet for Today's Teen Lesbian

- Most girls persisting in gender dysphoria are same sex attracted.
- Developing an identity takes place in stages.
- It is the work of adolescence and not completed till late twenties
- Gender specialists freeze this development in place
- "What it amounts to is hoping for the best. But is anyone preparing for the worst?"

But the evidence is now emerging that puberty blockers followed by cross sex hormones cause sterility as of course does hysterectomy and the removal of testes.

Criminalising parents and carers

The Bill will criminalise people – parents, some professionals and others who it is believed are carrying out "conversion therapy". The criteria for a case will be an accusation of a conversion practice.

It seems unlikely that, as things stand, even those health professionals who advocate differential diagnosis are few and far between, having already been silenced and cowed by their professional organisations.

There is little evidence that conversion therapy takes place or that there are any negative impacts of the kinds reported in overseas media or like what took place in NZ until the 1970s which included electric shock therapy and other techniques.

If someone wants to be persuaded that they are heterosexual this should not be outlawed

The evidence that "Conversion therapy has been linked to severe adverse mental health issues, including depression, anxiety and suicidal ideation" does not appear to hold water. See One size does not fit all.: <https://doi.org/10.1007/s10508-020-01844-2>

A diagnosis of being trans comes for many people a lifetime of medication. There is significant evidence that

- self-identification has direct causes related to distress including autism, abuse and homophobia
- the evidence for gender medicine being curative is poor.

At the very time that other jurisdictions are stepping back on medication of young people the NZ government is prepared to mandate that they be treated.

Online contagion

There are powerful online resources that tell adolescents that being transgender is the cause of their misery and that transition will cure it. Deviant Art and Discord Servers.

Love bombing and “cracking the trans egg”.

Often the people delivering these messages are people who were gay or lesbian and were themselves [bullied horrifically](#).

Lack of role models Z, Tracey especially for young lesbians and gay men Rupert Everitt.

Health trajectories

Research shows that a prescription for puberty blockers leads in almost 100% of cases to further treatment including cross sex hormones and surgery.

Puberty blockers followed by cross sex hormones leads to:

- Infertility

- Very small penis size that prevents the skin available from forming a neo-vagina

- Multiple negative health effects including lower bone density

- Strong evidence that points towards likely negative impacts on mental processing

Chest binders to compress female chests lead to:

- Pain and breathlessness

- Compression of breast tissue

- Issues with skeleton and musculature

- The breathlessness, pain and discomfort they cause acts as a spur to mastectomy