

# PFLAG+ Toowoomba – statement on the Qld Government’s ban on medical options for treatment of Trans youth with dysphoria

## 10 things we want the Queensland Government to understand:

1. Being Transgender is a **natural phenomenon**, accounting for 1-2% of the population. That makes between 1,500 and 2,000 such people in Toowoomba. Trans people have always been present, in every era and culture.
2. **Nobody – nobody!** – wants a child or adolescent to transition gender if they don’t genuinely feel, and persist in the feeling, that their gender assigned at birth is wrong for them. The interdisciplinary team at Qld’s Children’s Gender Service (QCGS) is meticulous in assessing young clients both psychologically and physically, on a case by case basis, before recommending interventions of any kind. (The recent Vine review agrees that policy at the QCGS “considers no gender identity outcome: transgender; cisgender or otherwise to be preferable”. p.57)
3. **Trans people**, especially youth, **are among the most vulnerable** in our society in terms of exposure to bullying, poor mental health and violence.
  - a. The 2017 Trans Pathways study from the Western Australian Telethon Institute (now The Kids Research Institute of Australia, [www.thekids.org.au](http://www.thekids.org.au)) is the largest ever Australian study of gender diverse young people and their mental health and care pathways. It found that around 3/4 of trans young people had anxiety, depression or had experienced bullying at school and almost 80% had self-harmed. Almost 50% had attempted suicide, 20x higher than adolescents in the general population.
  - b. Rhetoric exhibited by some within the LNP (notably at state conferences) has been discriminatory and a cause of concern among Trans people, especially Trans youth. It contributes to discrimination, a diminution of wellbeing and even potentially to violence, leaving Trans people at risk in their own communities.
4. We personally know Trans youth and their parents in Toowoomba who are **distressed** over the LNP Government’s decision to remove access to Stage 1 hormone treatment (puberty blockers) in Qld’s Children’s Gender Service.
5. Medical intervention in the form of puberty blockers is an **essential option** for some Trans youth with dysphoria. (About a third of clients who have gone through the Children’s Gender Service have accessed them, according to Olivia Donaghy, a founding clinician there.) Puberty blockers can reduce the distress associated with pubertal changes (improving mental health) and can reduce the need for later surgery which can be expensive and traumatic. If the young person finds they are not genuinely Trans, the effects of puberty blockers are reversible, allowing the person to progress through normal pubertal changes. Puberty, however, is not reversible.
  - a. For some youth who are transitioning from **male to female**, a failure to access puberty blockers at all or in a timely way can result in the development of secondary sex characteristics (e.g. large Adam’s apple, facial hair) which make it incredibly difficult to “pass” as their desired gender later in life. These are the people most vilified in the unenlightened press and in the ideology of some political groups, and they are most at risk of discrimination and violence.
  - b. For youth transitioning from **female to male**, lack of access to puberty blockers can mean the development of breasts which in some cases is disguised for the whole of their lives through the use of binders, and in others leads to expensive and traumatic surgery (double mastectomy).

- c. These consequences can be largely avoided through the medically appropriate use of puberty blockers.
6. **Expert opinion** in favour of gender affirming health care, including retaining puberty blockers as a safe and effective medical option, has been expressed by:
- a. Sex discrimination commissioner, Anna Cody ([link](#))
  - b. The Royal Australasian College of Physicians ([RACP](#))
  - c. The Royal Australian College of General Practitioners ([RACGP](#))
  - d. The Endocrine Society of Australia ([link](#))
  - e. The Australian Medical Association ([AMA](#))
  - f. The Royal Australian & NZ College of Psychiatrists ([RANZCP](#))
  - g. LGBTIQ+ Health Australia CEO, Nicky Bath ([link](#))
  - h. The Australian Professional Association for Trans Health ([AusPATH](#))
7. The **2024 external independent evaluation** of Qld’s Gender Service found it to provide “safe, evidence-based care that is consistent with national and international guidelines” and recommended its expansion to cope with demand.
8. The **Independent Review** recently conducted by Professor Vine was inadequate in three ways:
- a. Not one person on the panel had significant clinical or research experience and expertise in treating youth with gender dysphoria
  - b. There was no-one with relevant lived experience on the panel (ignoring the principle of “nothing about us without us”)
  - c. Submissions were only in the form of an online questionnaire which asked specific questions, most of them negatively framed (e.g. Do have concerns about...?)
9. Nonetheless, the **Vine Review** gave three options for the Qld Government, including **two positive options**, which would have led to transparent, well-regulated treatment for Trans youth with dysphoria which would:
- a. provide the chance for beneficial outcomes;
  - b. allow for continuing research; and
  - c. address issues around inequality.

***The Crisafulli Government chose the one option that would provide none of these.***

**10. The Vine Review**

- a. concluded after its own literature review, that “with proper oversight and appropriate reporting, there can be benefit for a young person in being able to access PB [puberty blockers]” (p.47),
- b. noted that the independent literature review commissioned by the panel said that “systematic reviews which considered the evidence on the impact of PB on psychosocial outcomes indicated improvements in depressive symptoms, anxiety, suicidality and quality of life”. (p.41)
- c. noted that “Other than the [American] DHHS Review [commissioned by Donald Trump], the conclusion of the other [international] reports is that **with appropriate oversight and accordance with standards of care, the evidence base (while inadequate) does not support a ban on PB and/or GAHT**. All support the need for more robust longer term research”.

**... so why did the Queensland Government continue the ban??**

## From the [Independent Review Advice Report 2025](#)

**Table A: Summary of options**

Outline of option	Consideration under TOR
<p><b>Option 1</b></p> <p>Initiation of PB and GAHT treatments for gender dysphoria is not available in the public health system for minors.</p> <p>Prescriptions for PB and GAHT would therefore be exclusively in the private or primary care system or through interstate services.</p>	<ul style="list-style-type: none"> <li>• This option carries risks in terms of the evidence base (see <b>Part B</b>). It would not strengthen research or monitoring of quality of care.</li> <li>• This option also carries risks in terms of the legal, ethical and social considerations (as set out in <b>Part C</b> and <b>Part D</b>) and governance, regulatory and oversight considerations (as set out in <b>Part E</b>). Some of these risks include use of the treatments by Queensland young people outside the specialist multidisciplinary teams (<b>MDT</b>) in public hospitals,, inequity because of socioeconomic status or geographical location and not strengthening longitudinal research.</li> </ul>
<p><b>Option 2</b></p> <p>Initiation of PB and GAHT treatments for minors with gender dysphoria may be provided by the Queensland public health system through Queensland Children's Gender Service (<b>QCGS</b>) as occurred in practice prior to the 2025 HSD and Ministerial Direction.</p>	<ul style="list-style-type: none"> <li>• In line with the low quality preliminary evidence described in <b>Part B</b>, this option may enable beneficial outcomes for some young people who understand the limitations of the evidence base and known and unknown risks. This option may enable continuation of research regarding benefits and risks.</li> <li>• The recommendations of the QCGS Service Evaluation may be reconsidered and implemented if this option is taken which may assist in strengthening systems, monitoring of quality of care and enabling continuation of data collection and research.</li> <li>• This option carries risks in terms of the limitations of the evidence base (<b>Part B</b>), legal, ethical and social considerations (as set out in <b>Part C</b> and <b>Part D</b>) and governance, regulatory and oversight considerations (as set out in <b>Part E</b>).</li> <li>• This option focuses primarily on the activity of a single service and does not address broader policy, governance, quality, safety or health equity issues.</li> </ul>
<p><b>Option 3</b></p> <p>The provision of PB and GAHT for minors may occur within a public statewide system of care with <u>additional measures introduced by QH for compliance-based oversight and monitoring of use</u>, with greater collaboration sought across Commonwealth funded health services.</p> <p>QCGS would be the clinical service lead with responsibility in data, workforce and quality improvement and would be a state-wide service for governance purposes (or other formalised governance arrangements implemented consistent with the delivery model).</p>	<ul style="list-style-type: none"> <li>• In line with the low quality preliminary evidence described in <b>Part B</b>, this option may enable beneficial outcomes for some young people.</li> <li>• Introduced measures would facilitate continuation of research regarding benefits and risks, and may assist in strengthening systems and ensuring and monitoring of quality of care (as set out in <b>Part E</b>) to mitigate known and unknown risks described in <b>Part B</b>.</li> <li>• Introduced measures may assist in addressing and/or balancing legal, ethical and social considerations (set out in <b>Part C</b> and <b>Part D</b>) and governance, regulatory and oversight considerations (set out in <b>Part E</b>).</li> <li>• This option focusses on the delivery of PB and GAHT treatments within the context of a system of care with system-wide transparency, oversight and monitoring. While compliance-based oversight and monitoring would be essential under this option to strengthen patient safety, undertaking additional targeted quality assurance and research analysis of patient outcomes would be required to strengthen the evidence base.</li> <li>• Introduced measures may assist to facilitate state and federal data collection, research and transparency.</li> </ul>