

9<sup>th</sup> December 2020

Committee Secretary  
Senate Standing Committees on Environment and Communications  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Committee Secretary,

**RE: PERSONAL SUBMISSION TO THE SENATE INQUIRY ON MEDIA DIVERSITY IN AUSTRALIA**

**I write in relation to the terms of reference regarding media diversity, independence and reliability in Australia and the impact that this has on public interest journalism and democracy including:**

- a. the current state of public interest journalism in Australia and any barriers to Australian voters' ability to access reliable, accurate and independent news**

On the 9<sup>th</sup> August 2019 I became a target of The Australian newspaper. During the period of August 2019 to July 2020, 45 articles and editorials were published with 80 direct references to my name ('Telfer') and 282 direct references to the work of my team at the Royal Children's Hospital (RCH) Gender Service in Melbourne, the inaugural Australian Standards of Care and Treatment Guidelines (ASOCTG) and to our longitudinal cohort study known as Trans20. The publications were consistently of a highly critical nature and were repetitious in their false, inaccurate, unfair and unbalanced information that questioned my credibility, integrity and honesty. I was portrayed as someone who was harming children. The personalisation of this issue was taken to an extreme with the description of the RCH Gender Service as 'the Telfer Clinic' on two separate occasions.

In the years prior to this I had experienced much success. Since 2012 I have been the Director of Australia's largest multidisciplinary gender service for children and adolescents which receives hundreds of new referrals each year. My advocacy work had been pivotal in changing the law to improve access to hormone treatment for trans adolescents, a situation reported by the Australian Government in their joint fifth and sixth report to the United Nations under the Convention on the Rights of the Child 2012-2018. I had led the creation of the inaugural Australian Standards of Care and Treatment Guidelines which was praised in an editorial in The Lancet (2018) for its evidence-informed gender affirming approach to care. The Lancet Child and Adolescent Health journal followed it up with a personal profile in 2019 celebrating my international influence in the field. What we have in Melbourne is one of the best evidence-informed, multidisciplinary clinical gender services and research teams in the world. No positive reference was ever made to these achievements by The Australian.

In fact, what was published by The Australian during 2019-2020 presented a stark contrast to this. It created a narrative that did not reflect reality. In my opinion, it was not news, it was disinformation. Its effect was to create fear and anxiety, to exacerbate the stigma, discrimination and prejudice that exists against trans children and young people in our society. It attempted to destroy my professional reputation and to destabilise the growing network of clinicians and researchers across the country who work to improve the health and well-being of this vulnerable group. It undermined the trust patients and families had in their treating clinicians and caused concern and trepidation for families who were yet to seek

professional support and medical care. It also sought to influence political opinion and decision making at the highest levels of government.

The Australian called for a parliamentary inquiry into the treatment of trans children and adolescents in Australia. In response, on 16<sup>th</sup> August 2019, the Federal Minister for Health, Minister Greg Hunt, sought advice from the Royal Australasian College of Physicians (RACP). The RACP subsequently undertook a consultation process across its relevant expert College bodies, affiliated speciality societies and accepted public submissions. The RACP [letter of advice](#) to Minister Hunt was published on 5<sup>th</sup> March 2020. It recommended, *“the Australian Government does not establish a national inquiry”*. It also noted that *‘there are substantial dangers posed by some of the proposals that have been put forward during the recent public debate on this issue... A national inquiry would not increase the scientific evidence available regarding gender dysphoria but would further harm vulnerable patients and their families through increased media and public attention’*. It went further to recommend *‘the Australian Government work with States and Territories to improve access to and consistency of care within and across jurisdictions’*.

These recommendations were later endorsed by Minister Hunt who stated that *“individuals identifying as transgender and gender diverse often have unique healthcare needs and are at an increased risk of poor health outcomes and mental health issues”* and called for *“a nationally consistent standard of care that is evidence-based.”*

Despite the readily available, peer-reviewed and published evidence in support of affirming medical care for trans young people, the outcome of the RACP consultation process and the endorsement of the evidenced based approach to care for trans young people by Minister Hunt, The Australian continued to publicly attack me, to discredit my expertise and undermine my work and that of my colleagues. They also continued to devalue the lives of trans people, to question and dismiss their existence and their position as equals in Australian society.

The methods employed by The Australian were multiple and repetitious. Whilst not an exhaustive list, some examples are outlined below:

- 1. Use of headlines and by-lines that generated fear and anxiety of trans children and young people, often portraying them as victims, with their doctors portrayed as dishonest, manipulative or incompetent.** All headlines are included in attachment 1. Examples include:
  - i. *‘Gender Reassignment? They’re Castrating Children. Medicalisation of gender is dividing our society and abusing our defenceless young’* (12<sup>th</sup> August 2019)
  - ii. *‘Concerns omitted in trans pushback’* (18<sup>th</sup> August 2019)
  - iii. *‘Trans teens told: don’t tell your parents if they’re unsupportive’* (23<sup>rd</sup> August 2019)
  - iv. *‘Hospital’s trans guidelines ‘not at all cautious’* (30<sup>th</sup> August 2019)
  - v. *‘Trans procedures: ‘red lights flashing’ for hospitals’* (15<sup>th</sup> September 2019)
  - vi. *‘Young sex-swap cases rise 330pc’* (1<sup>st</sup> February 2020)
  - vii. *‘Evidence lacking, doctors ignorant’* (5<sup>th</sup> March 2020)

**2. Use of expert opinion was delivered by people who were not qualified to speak on the issue.**

Most of the apparent “experts” quoted across 29 of the 45 published articles had no experience in managing the clinical care of trans children and adolescents, some having openly admitted so publicly via other media outlets. One such expert, whose opinions were frequently highlighted, had revealed in an alternative publication that his views and motivations to speak out were based not on his clinical experience as a doctor, but on his religious beliefs. This fact was omitted by The Australian. Many of the other “experts” also had undisclosed conflicts of interests including associations with conservative lobby groups, or had been discredited or even formally investigated by their academic institutions for inappropriate and socially unacceptable conduct.

**3. Material presented as fact was often inaccurate and/or misleading and indistinguishable from opinion.**

Examples include:

- i. Multiple statements were made to assert that gender affirming treatment is “experimental” or an “uncontrolled experiment” (The Australian 10, 12 Aug, 24 Sept, 29 Oct 2019, 6 March, 24 June 2020). This is factually incorrect. Gender affirming care in children and adolescents is not experimental. In fact, it has developed and evolved over more than 20 years based on international, peer-reviewed evidence. The Australian Standards of Care and Treatment Guidelines is accepted as the current gold standard care for Australia and is used as such across the country.
- ii. Headlines and articles inaccurately announced that there was a “national inquiry” to be conducted into trans care on three separate occasions (The Australian 16 August 2019, 18 August 2019, 20 August 2019). This was incorrect and misleading. There was no national inquiry and one was never announced.
- iii. Three separate articles falsely claimed that the Royal Australian and New Zealand College of Psychiatrists (RANZCP) had abandoned its reliance on the Australian Standards of Care and Treatment Guidelines and had “disendorsed” them (The Australian 13 Nov 2019, 1 Feb and 2 March 2020). This was incorrect. The RANZCP is currently reviewing the guideline and has not made any statements about their use. They have never suggested that the Australian guideline shows a lack of caution and overplays empirical evidence.
- iv. Repeated statements were made that regret rates are rising for young people commenced on hormone treatment and that there is a high risk of detransition for those who receive affirming care (The Australian 9, 12, 20 Aug, 13, 20 Sept 2019, 11, 14, 29 Oct, 11 Nov 2019, 6, 27 Feb, 2 March 2020). The reality is that there is no evidence of increasing rates of regret or of people detransitioning. Furthermore, the previous evidence of detransition in young children has largely been discredited with the research criticised for poor methodology. International research on regret rates, including a large [cohort study](#) from the Netherlands from 1972 to 2015 showed regret rates have been consistently low at 0.3-0.6%.
- v. Repeated statements were made that young people are presenting to gender services with sudden onset of gender dysphoria and that this is due to social contagion. (The Australian 10 Aug, 3, 19, 15, 20 Sept 2019, 11 Jan, 6, 27 Feb, 6, 8, 24 June 2020). This is factually incorrect and misleading. Based on the international evidence available, rapid onset gender dysphoria is not a condition and it is not recognised by any major health organisation, including the World Professional Association for Transgender Health and the Australian Professional Association for Trans Health. In fact, the findings of a ten year audit of patients receiving care at the RCH Gender Service found the median age at which gender diversity was first expressed was 3 years of age for those who were assigned male at birth, and 4.8 years of age for those assigned female at birth.

- vi. The Australian incorrectly refers to the treatments used in adolescents who identify as transgender as “novel” (The Australian 11 Nov 2019). This is factually incorrect as none of these treatments are novel. In fact, puberty blockers have been used in early stages of puberty in trans adolescents for more than 20 years in Europe and for 16 years in Australia. The first case of use of puberty blockers in Australia in a trans adolescent occurred with approval by the Family Court of Australia in 2004 in the case of *Re Alex*.
- vii. The Australian incorrectly suggests the provision of gender affirming medical treatment for trans adolescents is unlawful (The Australian 29 Oct 2019, 5 March 2020). This is incorrect and misleading. The Family Court of Australia has ruled on this issue multiple times and there is no question that this treatment for children and adolescents under the age of 18 years is lawful when appropriate consent has been obtained.
- viii. The Australian reported incorrectly that there is no evidence gender affirming care is superior to non-invasive means and there is not substantial evidence supporting the affirmation approach (The Australian 24 June 2020). This statement is factually incorrect and inclusion of this in the article is misleading. This is especially the case as the substantial body of evidence demonstrating that affirmative treatment is superior to non-invasive alternatives was not reported on. The evidence is clearly outlined in the international guidelines of the World Professional Association for Transgender Health SOCv7 and the Australian Standards of Care and Treatment Guidelines. The evidence for the alternative treatments (i.e. psychotherapy only) is that it is harmful to the health and well-being of those who identify as trans and denying medical intervention to trans young people who desire it is unethical. This fact is also outlined in the letter of advice from the RACP to Minister Greg Hunt, *“Withholding or limiting access to care and treatment would be unethical and would have serious impacts on the health and wellbeing of young people.”*

**4. Over the 45 articles, not one trans child or adolescent is interviewed and there is use of prejudicial language, derogatory terms and mis-gendering via the use of the wrong pronouns, designed to dismiss the identities of the young trans people portrayed.**

The publishing of factually inaccurate, misleading or biased material, presented as news but indistinguishable from opinion, cannot be considered to be in the public interest. This is especially the case if it is harming children and young people and entrenching disadvantage in a particular community within society. This is what has been happening by The Australian’s portrayal of trans children, young people, families and the clinicians who provide care for them.

The impact of each individual article and editorial published by The Australian in the series outlined above, is known to have caused distress. More importantly however, it is the repetitious nature of this inaccurate and unfair reporting, over a long period of time, which causes accumulative harm through the exacerbation of the stigma, discrimination, marginalisation, social rejection and abuse that this community receives on a day to day basis.

This is what I have personally seen and experienced since August 2019. The Australian continues to publish articles without apparent consideration to the facts, or to the harm it causes to the individuals and the families who suffer as a consequence. It is fortunate for me and for those I provide care for, that the Victorian Government and the Office of the Federal Minister for Health sought advice on the facts and made important and timely decisions based on the published, peer-reviewed evidence with a view to the best interests of the children and young people at the heart of the issue. For this, I am incredibly grateful. It is also for this reason that I have faith that our health and political systems can overcome the powerful media influences that have the potential to cause great harm to Australian society. This will be vital for fairness, for inclusiveness, for our democracy and for the country’s future.

Yours Sincerely,

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Paediatrician, Adolescent Physician