RESPONDING TO THE VINE REVIEW IN QUEENSLAND

ABOUT THIS GUIDE

This guide is designed to help families, trans young people, trans adults, and the organisations that support us, to make a submission to the Queensland Independent review of Stage 1 and Stage 2 hormone therapies, led by Prof Ruth Vine **(the Vine Review)** into gender affirming medical treatments for young people.

You don't need to be a medical expert to answer all the questions in the Vine Review's online submission form. We've shared some information under each question to help, but most importantly, **please share your story**. The lived experience questions in this guide might prompt some ideas for your answer.

Why should I make a submission?

It's vital that the Vine Review hears from people with lived experience – especially trans young people, their families, and trans adults. **Every voice makes a difference, and we need yours.**

The process hasn't been designed in a way that truly centres trans voices. So, let's make sure the Review hears directly from the people most affected by the Queensland government's current ban on gender affirming healthcare.

We know that anti-gender opponents are already organised and preparing to flood the Review with nefarious submissions. We can't let that go unchallenged.

The evidence for gender affirming care is strong and well-established – but the Review's questions focus heavily on risks, not benefits. This can lead to producing a one-sided or misleading outcome.

By making a submission, and by reframing the questions through a lived experience, positive and euphoric lens, we can shift the conversation.

Let's make it impossible for the Queensland Government to ignore the reality: evidence and experience overwhelmingly supports timely access to gender affirming care for young people, however they seek to affirm who they know themselves to be.

IS MY INFORMATION SAFE?

Yes. Submissions to the Review will be de-identified and stored securely, and Queensland's privacy laws make it extremely difficult for anyone to access personal information, especially health data or anything relating to children – even through Right to Information processes.

⚠ Important info:

- Each box in the review submission form only has a 5000-character limit. We strongly suggest you pre-prepare your response in a Word document first.
- We understand that you don't get sent a copy of your own submission.
- To create our own shared record, we're collecting a copy of submissions in this shared folder. You're welcome to add yours or keep a copy in your own files. All submissions shared with us will be kept strictly confidential and anonymised.

IDEAS FOR RESPONDING

The Review's online submission form is asking a range of questions based on their Terms of Reference. The questions are not numbered on the online form, but we number them below for ease.

1. What range of hormone treatments do you understand are available for gender dysphoria in children and adolescents?

Puberty blockers (Stage 1 treatment) are used to pause puberty temporarily. This takes the pressure off young people and gives them more space to understand their gender without the stress of their body changing in ways that feel wrong.

These medications have been safely used for decades in children with early (precocious) puberty and are completely reversible.

If an adolescent or adult seeks further medical gender care, they may access gender affirming hormones (Stage 2 treatment), such as:

- Testosterone for full or partial masculinisation (available as injections, gel, or implants)
- Oestrogen for full or partial feminisation (available as tablets, gel, patches, or implants)

Trans adults, and trans young people with their families can go through a very long process with health professionals before starting any treatment.

Very few young people in Australia can access these treatments though – less than 5% get puberty blockers, and even fewer get hormones.

Hormone treatments, for those seeking them, can help trans people of all genders live happier, healthier lives. They reduce distress, anxiety and suicide risk.

LIVED EXPERIENCE QUESTIONS:

What gender affirming medical care have you/your young person had, and how have you found the experience? What was the process like working with a clinic and doctors to access the care you / your young person needed? Or, if you haven't been able to access treatment, what has that meant for you?

2. As well as the views and preferences of young people/families, what other factors should a practitioner consider when deciding whether to prescribe the following:

(a) Factors for no medication or hormone treatment:

- If there is no clinical indication (i.e. the young person doesn't meet the criteria or doesn't want treatment).
- Mental health conditions like depression or anxiety are common and should be managed – but they are not a reason to deny care.
- Doing nothing isn't neutral – withholding care when it's needed can cause harm.

(b) Factors for Stage 1 (Puberty blockers)

- Should be offered early in puberty, if wanted and clinically appropriate.
- Help prevent irreversible changes that can worsen gender dysphoria (like deep voice, breast growth, or facial hair).
- Allow time for the young person to make decisions while their mental health and wellbeing are supported.

(c) Factors for Stage 2 (Gender-affirming hormones)

- Given after puberty blockers or at an appropriate age.
- Support young people to go through puberty in a way that fits their gender.
- Helps a young person feel more at home in their body and reduces dysphoria.
- Helps with safety, mental health and social wellbeing – including just being able to go out, go to school, or spend time with friends.

(d) Factors for other treatment options

- No other evidence-based treatments available.
- Not everyone wants hormone treatment, but withholding hormone treatment from people who seek it is harmful.

Other important things to consider for both stages:

- The young person's overall health and development, including mental health
- Family support
- Their ability to understand information and make decisions
- Whether they live in regional or remote areas, and access to support
- Their friendships, culture, hobbies, school, and social networks.

LIVED EXPERIENCE QUESTIONS:

What did you/your family think about and weigh up when deciding whether or not to commence gender affirming medical care?

3. Concerns have been raised about reversibility or irreversibility of hormone treatment. Do you have concerns about this for:

(a) Stage 1 (Puberty blockers)

- No concerns - They are safe and reversible. Used for over 50 years, including for cis kids with early puberty.
- Positive outcomes include reduced suicidality, better mental health, and improved quality of life.
- No studies have shown serious long-term harm.

(b) Stage 2 (Gender-affirming hormones)

- No concerns – Provided after assessment either following blockers or instead of blockers for an adolescent.
- Denying access causes more harm than offering care with support and consent.
- Help relieve gender dysphoria, strengthen gender euphoria and improve life satisfaction.
- Risks are explained and managed — just like with any other long-term medication.

(c) What are they?

- See (a) and (b) above – can write here if you have run out of space.

(d) Any other concerns for short/medium/long-term?

- More services are needed, not less. Families are informed of all issues, and young people can decide what matters to them most.
- The following issues are often raised, but the evidence shows they do not justify banning or limiting care:
- Bone density
    - Changes are minimal and monitored closely.
    - Australian Standards of Care suggest young people can start Stage 2 earlier where bone loss an issue.
    - Support like Vitamin D, calcium, and exercise helps manage it.
- Cognitive development
    - Concerns may arise from study in animals, not trans young people.
    - No evidence of brain impact in trans young people.
- Sexual function
    - Trans people who start hormones young still experience sexual pleasure and function.
    - Concerns too focussed on the physical rather than psychological aspects of intimacy.
- Fertility
    - Not necessarily lost — and options are available to preserve.
- "De-transition"
    - Poorly and inconsistently defined concept.
    - Returning to a cisgender identity and regretting gender medical treatment is extremely rare.

- Can be driven by discrimination and pressure from family and community.

(e) What information should be provided to the young person/their parent or carer?

- Families and young people should get clear, honest, age-appropriate information before starting any treatment.
- The information provided should be of the same detail and quality as what's provided in other areas of health involving complex decisions.
- There's no reason health care for trans people should be treated differently.
- Young people and families are told about:
  - what the treatment does and doesn't do
  - the benefits and possible risks
  - what ongoing monitoring will happen
  - what the different options are, including no treatment.

(f) How would a treating team know that a young person/their carer has understood risks and benefits?

- Just like with any other medical decision, treating teams assess whether someone understands by:
  - talking with the young person about what they know
  - asking questions about how they feel about treatment
  - making sure they can explain the risks and benefits in their own words
  - checking that the person can weigh up their options.
- This is called Gillick competence — used for all young people making health decisions no matter the kind of care.
- Families are also part of the process — ask questions, clarify things, and talk it through with young people.
- The presence of questions or uncertainty in families doesn't mean someone doesn't understand — it's a sign they're engaging thoughtfully.
- This process is the same used for contraception, mental health medication, cancer care, surgery, and more.

LIVED EXPERIENCE QUESTIONS:

What risks did you consider when weighing up whether to access gender affirming medical care, and how did you decide what was the best decision overall? Did the care team give you enough information (if possible, describe what you were told/when)?

Have you had to make decisions to manage your fertility and how did you go about this? Did you have any issues with bone density and how have you managed this e.g. through testing?

4. Are there areas of care that lack sufficient evidence?

(a) Impact of the evidence gap?

- The existing evidence is strong and growing — especially from Australia.
- All major medical bodies support gender affirming care as safe and effective.
- Many areas of paediatric care have evidence-gaps, this is normal because of the difficulty with studying kids.
- In many areas of health, we treat children without perfect evidence (e.g. off-label medications in mental health) — why hold treatment for trans young people to a higher standard?

(b) What questions should further research address?

- More research is always helpful, but not a reason to pause or deny care – like other areas of care it can happen in parallel.
- The NHMRC has also funded a national research collaborative of public gender services working on the largest study to date, results will be published in the next 12

months. Many studies are underway across Australia.

- Queensland's public care shutdown is making it harder to collect this data — creating the very evidence gap critics are pointing to.
- Families support more research — and many are happy to be part of it.

LIVED EXPERIENCE QUESTIONS:

Are you happy to support ongoing research to continue to improve access / evidence-base, in parallel with continued care?

5. Does this area of care have appropriate oversight?

(a) Clinical oversight?

- Yes. Doctors are highly trained, and decisions are made carefully and over time.
- The Queensland Children's Gender Service (QCGS) was independently reviewed in 2024 and found to be safe, evidence-based and ethical.

(b) – (e) Governance, regulation and oversight?

- The QCGS review made 25 suggestions to improve care, including better funding and access.
- The NHMRC is already reviewing the Australian Standards of Care and Treatment Guidelines.
- We don't need more reviews — we need care urgently reinstated in Queensland, and we need more services so that people don't sit on waiting lists for months or years.

LIVED EXPERIENCE QUESTIONS:

How was your experience of care overall and do you think anything needs to change with how medical gender care is provided in Queensland? (Particularly for people in regions and trans mob, include specific challenges)

6. Is there anything else you want to raise about the evidence or ethics?

- Families should be trusted to make decisions with their children, just like in any other area of health care.
- It is unethical to block access to care that can literally save lives.
- Trans young people deserve the same rights to health care as everyone else.
- We treat early puberty with blockers in cis kids — why deny the same treatment to trans kids? This is discrimination.
- Medical care should be based on clinical evidence — not politics or fear.

✅ What the evidence says:

- Support (including medical support) helps reduce distress and self-harm.
- Hormone treatments are linked to better mental health, fewer suicide attempts, and more happiness.

LIVED EXPERIENCE QUESTIONS:

What has access / non-access to hormone treatment meant for you / your young person? What have been the benefits in your life as a patient or family (for those who have been able to access treatment)? Examples of gender euphoria welcomed!

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