

10<sup>th</sup> January 2021  
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To the Acting Director  
Tasmanian Law Reform Institute  
Faculty of Law  
University of Tasmania  
Private Bag 89  
Hobart Tasmania

Dear Actin Director

**RE: SUBMISSION IN RELATION TO SEXUAL ORIENTATION AND GENDER  
IDENTITY CONVERSION PRACTICES COMMUNITY CONSULTATION (CONSULTATION)**

**We are directly associated with the Australian Christian Lobby .**

**This submission is taken primarily from the ACL consultation in order to adress what we  
beleive to be a critical decision in the developement of social and community health.**

**Introduction**

1. The Australian Christian Lobby (**ACL**) is a grassroots movement of about 185,000 Australians. ACL has about 2,000 supporters in Tasmania.
2. ACL provides this submission in relation to the Consultation. ACL however notes that the Consultation is not an independent review of the need for legislation in relation to so-called conversion practices but is rather a consultation “initiated by a community reference from peak Tasmanian Lesbian, Gay, Bisexual, Transgender, Queer, Asexual Plus (LGBTQA+) stakeholder bodies and representatives in 2016”. It is therefore a consultation generated by minority<sup>1</sup> activist groups. The Issues Paper<sup>2</sup> which guides the consultation confirms that the consultation is burdened with a fundamental and distorting bias. The Consultation should be suspended until the bias is remedied. If it is not and continues to the production of a report and recommendations, the recommendations will be of no use in guiding government in relation to legislation in this area. They should be ignored by Government.
3. There is no need and no demonstrable need in Tasmania for legislation which at its worst, will criminalise conversations parents have in their homes with their children.<sup>3</sup> Such legislation should be seen as fundamental attack on the rights of parents to “ensure the religious and moral education of their children in conformity with their own convictions.”<sup>4</sup>
4. Such legislation may also criminalise legitimate health practices and coerce health practitioners, parents and others to facilitate experimental treatment being inflicted on children of a nature that they are unable to give proper informed consent. The treatment of choice for gender-confused

About 2.9% of Australians say they are not heterosexual: <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release> accessed 14 December 2020.

<sup>2</sup> *Sexual Orientation and Gender Identity Conversion Practices* (Issues Paper No 31, November 2020)

<sup>3</sup> <https://www.theaustralian.com.au/commentary/worried-about-teen-gender-craze-you-havent-got-a-prayer/news-story/e23b14f3fdafec80a15ba65ebb2606c1?btr=8c04bb3f74f105c202d47c6b5b566ad5> accessed 14 December 2020.

<sup>4</sup> *International Covenant on Civil and Political Rights (ICCPR)* Article 18.

children are puberty blockers which lead to cross sex hormone therapy both of which are irreversible. Ultimately there is body altering surgery. The High Court in the United Kingdom has held that children under 16 do not have the capacity to consent to such treatment.<sup>5</sup> Therefore any such laws will have an oppressive effect on the rights and practices of the parents, health professionals and faith communities in Tasmania.

5. Rather than consulting in relation to legislation banning so-called conversion practices, the TLRI should conduct a community consultation in relation to banning the teaching of gender fluidity<sup>6</sup> in Tasmanian schools and the need to legislatively protect the internationally recognised rights of parents<sup>7</sup>. A Bill to this effect has been introduced into the New South Wales Parliament.<sup>8</sup> Tasmania should follow suit.
6. The Consultation, if it is to have any validity must amend its presuppositions and accept that the “understanding of sexual orientation as an innate, biologically fixed property of human beings — the idea that people are “born that way” — is not supported by scientific evidence.”<sup>9</sup> It must also accept that “The hypothesis that gender identity is an innate, fixed property of human beings that is independent of biological sex — that a person might be “a man trapped in a woman’s body” or “a woman trapped in a man’s body” — is not supported by scientific evidence.”<sup>10</sup>
7. Once those two conclusions are accepted, the foundation of the Consultation falls away. Indeed, the failure of the Issues Paper to refer to the New Atlantis report betrays its bias.
8. Once these matters are understood so-called conversion laws are revealed as attacks on the dignity of an individual to seek such assistance as they consider necessary to fulfill their goals in life.<sup>11</sup>
9. The Consultation runs completely contrary to the current need in Tasmanian law, that is the need to provide proper protection for the rights of parents and for religious belief or activity. Any legislation to ban so-called conversion practices will make Tasmanian law even more discordant with international law in relation to the protection of the rights of parents and religious belief or activity than it is currently.<sup>12</sup> Such laws will further skew human rights law in Tasmania away from the unified concept of human rights in the *International Covenant on Civil and Political Rights* (ICCPR) to a hierarchical view of rights with the rights of non-heterosexual Tasmanians at the top of the pyramid to the detriment of Tasmanians;
10. Any such laws will have an oppressive effect on the rights and practices of the parents, health professionals and faith communities in Tasmania.
11. There is no evidence that any such laws are in line with community expectations.

<sup>5</sup> *Bell and Ors v Tavistock and Portman Foundation NHS Trust and Anor* [2020] EWHC 3274 (Admin) (**Tavistock**).

<sup>6</sup> Gender fluidity means a belief there is a difference between biological sex (including people who are, by their chromosomes, male or female but are born with disorders of sexual differentiation) and human gender and that human gender is socially constructed rather being equivalent to a person’s biological sex.

<sup>7</sup> See note 4 above.

<sup>8</sup> *Education Legislation Amendment (Parental Rights) Bill 2020*.

<sup>9</sup> *Sexuality and Gender* New Atlantis Volume 7 Fall 2016 <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender> accessed 14 December 2020.

<sup>10</sup> *Ibid.*

<sup>11</sup> ICCPR Articles 7 and 17-19.

<sup>12</sup> There is no proper reason (if anti-offensive speech laws are to remain) why religious belief or activity is not afforded the protection of s. 17 of the *Anti-Discrimination Act 1998*.

## The Bias of the Consultation

12. The bias of the Consultation is clearly demonstrated in the Executive Summary. It says:

“The Paper describes different definitions of SOGI conversion practices (pages 2–8) and adopts a working definition ([1.3.23] on page 13), being: acts or statements that are aimed at changing, suppressing, or eradicating the sexual orientation or gender identity of another person and are based on a claim, assertion or notion, either express or implied, that non-conforming sexual orientation or gender identity is a physical or psychological dysfunction that can be suppressed or changed. This definition is the subject of consultation and any final recommendation may adopt a narrower or wider definition ([1.3.24]– [1.3.26]).

LGBTQA+ status is not a disorder or dysfunction. Clinical studies indicate that attempts to alter or suppress LGBTQA+ status based on such a notion lack efficacy and can harm LGBTQA+ people (pages 16–21). Harms include: depression, loneliness, alienation and increased risk of drug abuse, suicidal ideation, and suicide attempts ([2.2.8]– [2.2.9]). Peak medical and psychological bodies consider SOGI conversion unscientific, ineffective and dangerous ([2.2.14]– [2.2.19]).”

13. The Issues Paper has uncritically accepted notions of so-called conversion practices and the assumption that non-heterosexual practices and gender identity are innate and fixed. It has also uncritically accepted notions of harm. It has not sought to come to grips with the poor quality of the so-called research on which this is based where reporting is of events many years in the past.<sup>13</sup>

14. It has criticised studies that provide evidence that so-called conversion practices provide some benefit but has not applied any or any proper critical examination of studies which come to the opposite conclusion.<sup>14</sup>

15. It has not considered the substantial evidence in the New Atlantis report.<sup>15</sup> The report is a substantial and careful evaluation of the evidence, as the authors say:

**“This report offers a careful summary and an up-to-date explanation of many of the most rigorous findings produced by the biological, psychological, and social sciences related to sexual orientation and gender identity.** We examine a vast body of scientific literature from several disciplines. We try to acknowledge the limitations of the research and to avoid premature conclusions that would result in over-interpretation of scientific findings. Since the relevant literature is rife with inconsistent and ambiguous definitions, we not only examine the empirical evidence but also delve into underlying conceptual problems. This report does not, however,

<sup>13</sup> How Accurate are Self-Reports? An Analysis of Self-Reported Healthcare Utilization and Absence When Compared to Administrative Data *J Occup Environ Med.* 2009 Jul; 51(7): 786 – 796.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2745402/> accessed 15 December 2020; Professional care for unwanted same-sex attraction: What does the research say?

*The Linacre Quarterly* Volume 82, 2015 - Issue 4

<https://www.tandfonline.com/doi/abs/10.1179/0024363915Z.000000000147> accessed 15 December 2020.

The rejection of this paper’s findings in the Issues Paper [2.2.13] without considering the merits of the argument is itself indicative of bias.

<sup>14</sup> [2.2.8]-[2.2.13].

<sup>15</sup> See note 9 above.

discuss matters of morality or policy; our focus is on the scientific evidence — what it shows and what it does not show.”<sup>16</sup>

16. Bias is also seen in the acceptance without evidence (which is accepted see [2.3.1]) that so-called conversion practices exist and the acceptance of the obviously questionable claim that up to 10% of Australians have been exposed to these practices.<sup>17</sup>

17. In short, the Issues Paper assumes a problem, accepts supportive assertions, discounts contrary evidence and seeks submissions to support what is very likely to be a predetermined conclusion.

### **So-Called Conversion Laws attack the rights of parents, health professionals and others and will have an oppressive effect on them**

18. Parents have a fundamental and universally accepted right to “ensure the religious and moral education of their children in conformity with their own convictions.”<sup>18</sup>

19. The breadth of the proposed working definition of so-called conversion practices is such that statements made by parents may be criminalised. This is particularly oppressive given that:

“• Compared to the general population, non-heterosexual subpopulations are at an elevated risk for a variety of adverse health and mental health outcomes.

• Members of the non-heterosexual population are estimated to have about 1.5 times higher risk of experiencing anxiety disorders than members of the heterosexual population, as well as roughly double the risk of depression, 1.5 times the risk of substance abuse, and nearly 2.5 times the risk of suicide.

• Members of the transgender population are also at higher risk of a variety of mental health problems compared to members of the non-transgender population. Especially alarmingly, the rate of lifetime suicide attempts across all ages of transgender individuals is estimated at 41%, compared to under 5% in the overall U.S. population.

• There is evidence, albeit limited, that social stressors such as discrimination and stigma contribute to the elevated risk of poor mental health outcomes for non-heterosexual and transgender populations. More high-quality longitudinal studies are necessary for the “social stress model” to be a useful tool for understanding public health concerns.”<sup>19</sup>

20. Parents must be free to discuss these matters with their children. To attempt to criminalise or sanction such conversations is an unalloyed attempt to unscientifically and so unethically suppress proper discussion and coerce at least 97% of Tasmanians to conform to poorly supported views. As John Anderson AO has tweeted “A law before the Victorian parliament seeking to outlaw parental, therapeutic or religious discussions on issues of sexuality and gender is the biggest threat to our democratic freedoms in Australia's entire legislative history.”

21. This oppression is highlighted when it is understood that the claim of social stressors and stigma contributing to poor health outcomes is not supported. A lead study in this area *Structural stigma and all-cause mortality in sexual minority populations* has been retracted.<sup>20</sup>

<sup>16</sup> <https://www.thenewatlantis.com/publications/introduction-sexuality-and-gender> accessed 15 December 2020.

<sup>17</sup> [2.3.2]. This must be absurd as only 2.9% of Australians identify as non-heterosexual; see note 1 above.

<sup>18</sup> *International Covenant on Civil and Political Rights (ICCPR)* Article 18.

<sup>19</sup> *New Atlantis* note 9 above.

<sup>20</sup> *Social Science & Medicine* Volume 103, February 2014, Pages 33-41

<https://www.sciencedirect.com/science/article/pii/S0277953613003353?via%3Dihub> accessed 15 December 2020.

22. Similar arguments apply to health practitioners and others. Gender fluidity and its treatment of gender dysphoria is little understood and is a very controversial subject. That has been recognised by *Tavistock*. The Court said:

“134 The starting point is to consider the nature of the treatment proposed. The administration of PBs to people going through puberty is a very unusual treatment for the following reasons. Firstly, there is real uncertainty over the short and long-term consequences of the treatment with very limited evidence as to its efficacy, or indeed quite what it is seeking to achieve. This means it is, in our view, properly described as experimental treatment. Secondly, there is a lack of clarity over the purpose of the treatment: in particular, whether it provides a “pause to think” in a “hormone neutral” state or is a treatment to limit the effects of puberty, and thus the need for greater surgical and chemical intervention later, as referred to in the Health Research Authority report. Thirdly, the consequences of the treatment are highly complex and potentially lifelong and life changing in the most fundamental way imaginable. The treatment goes to the heart of an individual’s identity, and is thus, quite possibly, unique as a medical treatment.

135. Furthermore, the nature and the purpose of the medical intervention must be considered. The condition being treated, GD, has no direct physical manifestation. In contrast, the treatment provided for that condition has direct physical consequences, as the medication is intended to and does prevent the physical changes that would otherwise occur within the body, in particular by stopping the biological and physical development that would otherwise take place at that age. There is also an issue as to whether GD is properly categorised as a psychological condition, as the DSM-5 appears to do, although we recognise there are those who would not wish to see the condition categorised in that way. Be that as it may, in our judgment for the reasons already identified, the clinical intervention we are concerned with here is different in kind to other treatments or clinical interventions. In other cases, medical treatment is used to remedy, or alleviate the symptoms of, a diagnosed physical or mental condition, and the effects of that treatment are direct and usually apparent. The position in relation to puberty blockers would not seem to reflect that description.”<sup>21</sup>

23. Prohibitions of the sort contemplated by the Issues Paper would prevent or burden health practitioners and other counsellors from discussing these complex matters with parents and children and so would cause direct and irreparable harm to vulnerable children. As one mother has said the system makes transition too easy. A fortiori if so-called conversion laws are enacted.<sup>22</sup>

24. Nick Cater has rightly said:

“Physician Lisa Littman from Brown University, Rhode Island, studied 256 cases and found 82 per cent of those who identified as transgender in adolescence were born female, a reversal of previous findings. The average age of their announcement was 15.2 years. In 87 per cent of cases, parents reported the onset had been preceded by an increase in their social media or internet use or that one or more friends in the child’s friendship group were transgender-identified, or both.

<sup>21</sup> *Tavistock* at [134]-[135].

<sup>22</sup> <https://www.smh.com.au/national/my-child-is-transitioning-gender-but-i-feel-the-system-makes-it-too-easy-20201211-p56mqe.html> accessed 15 December 2020.



The children were predominantly white and 74 per cent of their parents had a graduate or bachelor degree. The parents held predominantly liberal values in the American sense with 86 per cent in favour of same-sex marriage and 88 per cent in favour of transgender rights.

Littman's findings oblige us to reassess the assumption that every child who expresses discomfort with their natal gender is suffering from dysphoria. We are also obliged to interrogate the transgender influencers who attract millions of young followers to their YouTube channels, preaching the glitter gospel and issuing medical advice that is dangerously unsound.

**We should be encouraging minors to seek a second, third or fourth opinion from doctors, priests, pastors and other professionals before embarking on a path that could alter their bodies irreversibly with a limited chance of improving their mental health.**<sup>23</sup>

### **Children cannot consent to Gender Transition treatment and such treatment must not be coerced by law**

#### 25. Tavistock held:

"145 The conclusion we have reached is that it is highly unlikely that a child aged 13 or under would ever be Gillick competent to give consent to being treated with PBs. In respect of children aged 14 and 15, we are also very doubtful that a child of this age could understand the long-term risks and consequences of treatment in such a way as to have sufficient understanding to give consent. However, plainly the increased maturity of the child means that there is more possibility of achieving competence at the older age.

146. In respect of a young person aged 16 or over, the legal position is different. There is a presumption of capacity under section 8 of the Family Law Reform Act 1969. As is explained in *Re W*, that does not mean that a court cannot protect the child under its inherent jurisdiction if it considers the treatment not to be in the child's best interests. However, so long as the young person has mental capacity and the clinicians consider the treatment is in his/her best interests, then absent a possible dispute with the parents, the court generally has no role. We do not consider that the court can somehow adopt an intrusive jurisdiction in relation to one form of clinical intervention for which no clear legal basis has been established.

147. We do however recognise that in the light of the evidence that has emerged, and the terms of this judgment, clinicians may well consider that it is not appropriate to move to treatment, such as PBs or CSH, without the involvement of the court. We consider that it would be appropriate for clinicians to involve the court in any case where there may be any doubt as to whether the long-term best interests of a 16 or 17 year old would be served by the clinical interventions at issue in this case."<sup>24</sup>

#### 26. Given these findings (which have persuasive authority) it is imperative that there be restraint on gender conversion treatment and not the enactment of laws to make any other practices but affirmation illegal.

<sup>23</sup> <https://www.theaustralian.com.au/commentary/worried-about-teen-gender-craze-you-havent-got-a-prayer/news-story/e23b14f3dafec80a15ba65ebb2606c1?btr=8c04bb3f74f105c202d47c6b5b566ad5> accessed 15 December 2020.

<sup>24</sup> Tavistock at [145]-[147].

27. The lead plaintiff in Tavistock has suffered immeasurably. Her evidence was:

- ““39. ... It is only until recently that I have started to think about having children and if that is ever a possibility, I have to live with the fact that I will not be able to breastfeed my children. **I still do not believe that I have fully processed the surgical procedure that I had to remove my breasts and how major it really was. I made a brash decision as a teenager, (as a lot of teenagers do) trying to find confidence and happiness, except now the rest of my life will be negatively affected. I cannot reverse any of the physical, mental or legal changes that I went through.** Transition was a very temporary, superficial fix for a very complex identity issue.”<sup>25</sup>
28. It is imperative that other children must not suffer the same fate. The proposed laws would be oppressive to children.

### **Gender fluid teaching should be banned**

29. Gender fluid ideology (on which the Issues Paper is substantially predicated)<sup>26</sup> is not scientific and is indeed contrary to science.

30. The New Atlantis Report says:

“The concept of biological sex is well defined, based on the binary roles that males and females play in reproduction. By contrast, the concept of gender is not well defined. It is generally taken to refer to behaviors and psychological attributes that tend to be typical of a given sex. Some individuals identify as a gender that does not correspond to their biological sex. The causes of such cross-gender identification remain poorly understood. Research investigating whether these transgender individuals have certain physiological features or experiences in common with the opposite sex, such as brain structures or atypical prenatal hormone exposures, has so far been inconclusive. Gender dysphoria — a sense of incongruence between one’s biological sex and one’s gender, accompanied by clinically significant distress or impairment — is sometimes treated in adults by hormones or surgery, but there is little scientific evidence that these therapeutic interventions have psychological benefits. Science has shown that gender identity issues in children usually do not persist into adolescence or adulthood, and there is little scientific evidence for the therapeutic value of puberty-delaying treatments. We are concerned by the increasing tendency toward encouraging children with gender identity issues to transition to their preferred gender through medical and then surgical procedures. There is a clear need for more research in these areas.”<sup>27</sup>

31. Given the lack of scientific evidence and the abundant evidence that gender issues do not usually persist into adulthood,<sup>28</sup> the responsible action for the Tasmanian State Parliament and for the TLRI is to consider legislation banning the teaching of this ideology in schools.

32. The Bill introduced into the NSW Parliament is a good exemplar of the sort of legislation that should be considered.<sup>29</sup>

**Science shows that non-heterosexual desires are not innate biologically fixed human properties, and that gender identity is not innate.**

<sup>25</sup> Tavistock at [83].

<sup>26</sup> See the Executive Summary.

<sup>27</sup> <https://www.thenewatlantis.com/publications/part-three-gender-identity-sexuality-and-gender> accessed 15 December 2020.

<sup>28</sup> See [30] above.

<sup>29</sup> See note 8 above.

33. The New Atlantis Report says:

“The understanding of sexual orientation as an innate, biologically fixed property of human beings — the idea that people are “born that way” — **is not supported by scientific evidence.**

- While there is evidence that biological factors such as genes and hormones are associated with sexual behaviors and attractions, there are **no compelling causal biological explanations for human sexual orientation.** While minor differences in the brain structures and brain activity between homosexual and heterosexual individuals have been identified by researchers, such neurobiological findings do not demonstrate whether these differences are innate or are the result of environmental and psychological factors.

- **Longitudinal studies of adolescents suggest that sexual orientation may be quite fluid over the life course for some people, with one study estimating that as many as 80% of male adolescents who report same-sex attractions no longer do so as adults** (although the extent to which this figure reflects actual changes in same-sex attractions and not just artifacts of the survey process has been contested by some researchers).<sup>30</sup>

34. In relation to gender issues the New Atlantis Report found:

- The hypothesis that gender identity is an innate, fixed property of human beings that is independent of biological sex — that a person might be “a man trapped in a woman’s body” or “a woman trapped in a man’s body” — is not supported by scientific evidence.

- According to a recent estimate, about 0.6% of U.S. adults identify as a gender that does not correspond to their biological sex.

- Studies comparing the brain structures of transgender and non-transgender individuals have demonstrated weak correlations between brain structure and cross-gender identification. These correlations do not provide any evidence for a neurobiological basis for cross-gender identification.

- Compared to the general population, adults who have undergone sex-reassignment surgery continue to have a higher risk of experiencing poor mental health outcomes. One study found that, compared to controls, sex-reassigned individuals were about 5 times more likely to attempt suicide and about 19 times more likely to die by suicide.

- Children are a special case when addressing transgender issues. Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.

- There is little scientific evidence for the therapeutic value of interventions that delay puberty or modify the secondary sex characteristics of adolescents, although some children may have improved psychological well-being if they are encouraged and supported in their cross-gender identification.

<sup>30</sup> <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender> accessed 15 December 2020.



There is no evidence that all children who express gender-atypical thoughts or behavior should be encouraged to become transgender.<sup>31</sup>

35. That being the case the foundation of the Issues Paper and the Consultation is undermined. At the very least no laws should be enacted on the bases of such highly contested bases.

### **So-Called conversion practice laws attack the dignity of the individual**

36. Every individual has the right to seek such assistance as they desire to live out their fullest potential. No individual should be coerced by law to live contrary to their desires.

37. Yet so-called conversion practice laws seek to commit individuals to a non-heterosexual life even if that is against their wishes and in the case of children, to treatment beyond their ability to comprehend.<sup>32</sup>

38. That is contrary to each individual's innate human dignity.

### **So-called conversion laws are contrary to the need of Tasmanian law-to provide proper protection for the rights of parents and religious belief or activity**

39. Human Rights law in Australia has focussed on the right of non-discrimination. This is an unassailable proposition which is evidenced by the ubiquity of anti-discrimination statutes in all Australian jurisdictions. The various statutory human rights organisations have perceived their role as furthering the right of non-discrimination and not protection of human rights as a whole.<sup>33</sup>

40. This has played its way in the legal sphere that the rights of the minority non-heterosexual population have been prioritised over other rights.

41. The problem that this creates is that the dominance of non-heterosexual rights forces all other rights into subservience. This Consultation is a paradigm example of that phenomenon.

42. The Ruddock Review said:

“1.34 First, the human right to freedom of thought, conscience and religion belongs to all— the religious, the non-religious and those moving towards, away from, or between religions. The right protects freedom of thought, conscience and religion, not religion as such. The atheist and the agnostic receive the same protection as the religious adherent. Each is free to hold their beliefs and to live free of coercion to adopt some different set of beliefs. Both are given particular protections to manifest their belief, but their right to do so may be limited, on carefully prescribed grounds, in the interests of the broader community.

1.35 It should be noted with respect to religious adherents that there are degrees of adherence within each religion, such that it may be hard to define with precision what constitutes a single doctrine for that religion.

<sup>31</sup> <https://www.thenewatlantis.com/publications/executive-summary-sexuality-and-gender> accessed 15 December 2020.

<sup>32</sup> See [25]-[27] above.

<sup>33</sup> Professor Patrick Parkinson *Christian Concerns about an Australian Charter of Rights* Chapter 7 in *Freedom of Religion under Bills of Rights* (edited by Associate Professor Paul Babie and Adjunct Professor Neville Rochow SC) University of Adelaide Press at pp. 144-150.

1.36 Secondly, freedom of religion sits alongside and interacts with the broad suite of human rights found in the international instruments to which Australia is committed. These include well known civil and political rights, such as freedom of expression, non-discrimination, freedom of association, and protections against torture and slavery. They also include social and cultural rights, including, for example, the right to found a family and the right of every child to an education.

1.37 **Importantly, there is no hierarchy of rights: one right does not take precedence over another. Rights, in this sense, are indivisible. This understanding was absent from some of the submissions and representations the Panel received. Australia does not get to choose, for example, between protecting religious freedom and providing for equality before the law. It must do both under its international obligations** (emphasis added).<sup>34</sup>

43. In an Australian context this is most sharply seen in the strident efforts of cultural Marxist based sexual libertarian and gender fluid activists to restrict the rights and freedoms of those with a faith based sexual morality and faith and scientifically based views of personhood as in this Consultation.
44. This Consultation is therefore the product of an illiberal ideologically based agenda.
45. That view is contrary to the view of the ICCPR and its parent the *Universal Declaration of Human Rights* (UDHR). The preambles of both those documents make it clear that the fundamental human rights which they embody must be viewed as a whole and are not to be cherry picked according to the political mood of the day.
46. Two important points need to be made:
  - a. The freedom religion may justifiably be said to be the “paradigm freedom of conscience”<sup>35</sup> which is “the essence of a free society”<sup>36</sup>. It is therefore arguably the fundamental human right, of greater significance than the right of non-discrimination;
  - b. A person’s religion is just as much part of their identity<sup>37</sup> as any sexual orientation or gender identification.<sup>38</sup>
47. It is therefore of fundamental importance that the right of freedom of thought conscience and religion is properly protected.
48. Nothing should prohibit parents and religious leaders teaching faith based morality to their children and flock, whether sexual or otherwise.

### **There is no community expectation for such laws**

49. The Consultation is based on the request of very small minority of the already small non-heterosexual Tasmanians.
50. There is no community desire for such laws.

<sup>34</sup> <https://www.ag.gov.au/sites/default/files/2020-03/religious-freedom-review-expert-panel-report-2018.pdf>

<sup>35</sup> *Church of the New Faith v Commissioner for Pay-Roll Tax* (1983) 57 ALJR 785 at 787, per Mason ACJ and Brennan J).

<sup>36</sup> *Ibid.*

<sup>37</sup> *Christian Youth Camps Ltd and Anor v Cobaw Community Health Services Ltd and Anor* [2014] VSCA 75 at [559]-[563].

<sup>38</sup> Both of which may change; see *Abboud v Minister for Immigration and Border Protection* [2018] FCA 185; Professor John Whitehall *Gender Dysphoria and Surgical Abuse* Quadrant 15 December 2016 <file:///C:/Users/Christopher/Documents/Documents/ACL%20SA%20DIRECTOR/SAFE%20SCHOOLS/Gender%20Dysphoria%20and%20Surgical%20Abuse%20%E2%80%94%20Quadrant%20Online.html> accessed 23 November 2018.

51. There is no evidence that any harmful practices are carried out by religious groups in Tasmania.<sup>39</sup>  
52. In these circumstances it is difficult not to conclude that TLRI has launched Issues Paper with an anti-religious agenda in mind. That must be beyond TLRI's remit.

### **Answers to the questions**

Question 1 After considering the background and working definition, in your opinion, what are and are not 'sexual orientation and gender identity conversion practices'?

**Given the flawed nature of the Issues Paper, this question need not be and is not able to be meaningfully answered. It reflects the bias and the unscientific nature of the Issues Paper.**

Question 2 Should people be allowed to consent to SOGI conversion practices? If so, at what age and under what conditions?

**Every individual has the right to seek such assistance as they desire to live out their fullest potential. No individual should be coerced by law to live contrary to their desires. Children must be protected from harmful transition practices to which they cannot consent.**

Question 3 Have you been involved in or offered, or are you aware of, any forms of SOGI conversion practices in Tasmania? If so, what were the effects on you, or the person exposed to them?

**Not Applicable. Any answers provided from responders must be subject to rigorous scrutiny to avoid the problems identified at note 13 above.**

Question 4 Do you think that Tasmanian law should be changed to address SOGI conversion practices? If so, should this be through comprehensive reform, amendment or both (a hybrid)?

**For the reasons discussed above, No.**

Question 5 Should some or all forms of SOGI conversion practices be criminalised in Tasmania? If so, which, if any, should be dealt with as serious (indictable) crimes and which, if any, should be dealt with as less serious (summary) offences?

**For the reasons discussed above, No.**

Question 6 Should some or all forms of SOGI conversion practices be made civil wrongs in Tasmania? If so, what sort of practices should people be liable for and how should those subject to such practices be compensated?

**For the reasons discussed above, No.**

<sup>39</sup> Issues Paper [2.3.1]. The Issues Paper accepts that aversion therapy involving electric shocks is not likely practised in Australia and so this issue is not addressed in this submission.

Question 7 Should any existing Tasmanian laws (besides criminal laws or the Civil Liability Act 2002 (Tas)) be amended to cover SOGI conversion practices? If so, which ones and in what way?

**For the reasons discussed above, No.**

Question 8 Are there any other models or approaches that are preferable to, or should complement, changing the law?

**Given the lack of scientific evidence and the abundant evidence that gender issues do not usually persist into adulthood,<sup>40</sup> the responsible action for the Tasmanian State Parliament and for the TLRI is to consider legislation banning the teaching of gender fluid ideology in schools.**

**It is of fundamental importance that the right of freedom of thought conscience and religion is properly protected. Nothing should prohibit parents and religious leaders teaching faith based morality to their children and flock, whether sexual or otherwise.**

Question 9 Are there any other matters that you consider relevant to this Inquiry and would like to raise?

See submissions at pages 1-11 above.

## **Conclusion**

53. We are personally ready to add to these submissions orally or in writing, if needed.

I have been most concerned about the developemnet of teenagers and would strongly recommend that conversion practices be restricted to people over the age of 21 years given the evidence the Atlantis report reveals and the recent case of Quincy Bell vs Tavistock Foundation .

Frankly I feel the education of gender conversion and practices and LGBTQ reforms need to be restricted so the students and chidren remain without such education till an age when they can properly process the infomaton an have properly developed faculties that will assit them in a mature and responsible response . Parents need to be encouraged to help their children navigate their way through puberty and adolescent years where so much of the character is yet to develope and where there is often so much conflict within . If the law restricts parents and conselors from adressing important issues with children particularly in this area then such laws will be imeasurbly destructive. I have raised ,with my wife Catherine ,eight children and in many ways we have seen them having to deal with many personal issues where they needed guidance and counsel . In part we met this need but then so did medical practitioners , ministers and educators help us along the way, We have to consider the overarching need for community life to reflect a freedom of mutiple views and beleifs . If we do not and we start to bring the hammer down we cease to be a tolerant and loving forgiving community . I do ask that you please consider the submission that has been put forward for the wellbeing of all in our community .

Yours faithfully  
Paul Glover

