



Women's Human Rights Campaign

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Tasmanian Law Reform Institute

By email only: Law.Reform@utas.edu.au

Submission regarding Conversion Practices: Public Consultation

Thank you for the opportunity to provide feedback on your Issues Paper and possible changes to Tasmanian law. I write on behalf of the Australian Chapter of the Women's Human Rights Campaign (WHRC), an international campaign which has as its foundation document the Declaration on Women's Sex-Based Rights (attached).

This Declaration was launched in New York in March 2019. As at today's date, it had been signed by 13,240 signatories from 125 countries, in collaboration with 294 organisations. Further information is available on the Declaration website: <https://www.womensdeclaration.com/en/>

On the basis of this Declaration, we contribute as follows, in broad terms, to the consultation:

- Any proposed changes to Tasmanian law should take into account whether the changes will adversely affect the rights of women and girls. In this regard, sexual orientation and 'gender identity' are very different phenomena and should not be yoked together as the Issues Paper does. Rights relating to sexual orientation are compatible with women's sex-based rights, and are necessary to enable lesbians, whose sexual orientation is towards other women, to fully exercise their sex-based rights. The concept of 'gender identity', in contrast, undermines women's sex-based rights, by making socially constructed stereotypes which organise and maintain women's inequality into essential and innate conditions. The Tasmanian Law Reform Institute, accordingly, should split the SO (sexual orientation) from the GI ('gender identity') and approach the issue of 'conversion practice' afresh on that basis.

- Any proposed changes to Tasmanian law should take into account whether the changes will adversely affect the rights of children. The Issues Paper could well be construed as proposing the outlawing of a ‘watchful waiting’ approach to children with gender dysphoria, and imposing upon health care providers – and parents – a ‘gender affirmation’ approach which, we would argue, does not serve the best interests of children. We contend that children are not developmentally competent to give full, free, and informed consent to medical interventions such as puberty-suppressing drugs, cross-sex hormones, and surgery, given that such interventions carry a high risk of long-term adverse consequences to the physical and psychological health of the child, such as sterility and failure to accrue bone density. As you may be aware, the UK High Court reached a similar conclusion in *Bell v Tavistock* (attached), a decision handed down on 1 December 2020: <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

We would accordingly urge you, to promote measures, on the contrary, to:

- most pertinently for the issue under consideration, cease the practice of identifying young people who are same-sex attracted as suffering from gender dysphoria;
- cease the practice of diagnosing and treating children as having been ‘born in the wrong body’ when they do not conform to traditional sex-role stereotypes;
- abolish traditional and emerging practices which enforce sex-role stereotypes on girls and boys;
- develop school curricula which are materially accurate about human biology and reproduction, and include information about the human rights of people of diverse sexual orientations, taking into account the evolving capacity and psychological developmental stages of the child;
- protect the healthy bodies of children from the use of drugs or surgery to effect ‘gender reassignment’ treatment;
- prevent organisations that promote the concept of ‘gender identity’, or constituencies that have no clinical expertise or child psychology background, from influencing health services for children;
- include, in teacher training and continuing professional development, programs of accurate material about human biology and reproduction, and information about the human rights of people of diverse sexual orientations, which should include the challenging of sex stereotypes and of homophobia; and
- prohibit state agencies, public and private bodies, medical practitioners, and other child welfare professionals from taking action which seeks to compel parents to consent to medical and other interventions aimed at changing the ‘gender identities’ of their children.

We will be happy to supply additional information should you require any.

Yours sincerely



Eileen Haley
for **Women's Human Rights Campaign**, Australia