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Sent: Sunday, 24 January 2021 1:28 PM
To: Law Reform
Subject: Submission regarding Conversion Practices : Law Reform Options for Tasmania

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Thank you for this opportunity to make a submission on this very important issue.

I am opposed to the inclusion of the concept of gender identity in any legislative reforms concerned with so-called 'conversion practices'.

I feel that by including gender identity, the proposed changes to Tasmanian law will contribute to misconceptions and perpetuate a flawed and dangerous ideology which is placing many women and girls at risk.

The recent UK High Court case of Bell v Tavistock has established that there is inadequate evidence to support the affirmation model of treatment which is causing irreparable harm to many young and vulnerable people experiencing gender dysphoria.

This submission is informed by the Feminist Legal Clinic's submission.

Question 1 After considering the background and working definition (see [1.3.23] on page 13), in your opinion, what are and are not 'sexual orientation and gender identity conversion practices'?

It is misleading to equate conversion therapy as historically applied to homosexuality with attempts to counsel individuals suffering gender dysphoria. It is the drastic medical interventions being applied to "transition" many young people who may otherwise go on to identify as gay or lesbian that would be more rightly be regarded as "conversion therapy".

Certainly, there is a basis for regarding this extreme medicalised approach as a strategy to rid the world of homosexuals and other gender non-conforming individuals, rendering them invisible and sterile.

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

In recent years there has been an exponential rise in the numbers of children presenting with gender dysphoria, including high numbers of teenage girls.

The affirmation model of treatment typically involves fast-tracking these young people onto puberty blockers which almost inevitably lead to cross-sex hormone treatments and often drastic surgical procedures, all of which cause permanent harm. These include infertility, decreased capacity for sexual pleasure and other harmful physical and psychological effects which have not yet been adequately investigated with longitudinal studies.

The UK High Court in the case of Bell v Tavistock has recently established that children should not be regarded as having capacity to consent to such harmful treatment. Meanwhile in the Australian case of Re Imogen the Family Court also found that hormonal treatment should not be administered to children under the age of 18 years in the absence of parental consent or court authorisation. We would suggest that further precautions are still needed to protect the human

rights of children in this area.

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?

I am concerned that young and otherwise vulnerable people in Tasmania are being subjected to drastic conversion practices in the form of puberty blockers, hormonal treatments and surgeries and that this should be outlawed as a matter of urgency. Unfortunately, the proposed reforms to the law are extremely misguided and appear to mandate the very practices which should be outlawed.

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)?

No laws should be made that provide legitimacy to the treatment of distressed children with hormones and surgery. There needs to be extensive research and public consultation and debate on these questions and education campaigns to counter and correct the overwhelming misinformation that has already been disseminated to date on this topic by those with a vested interest in creating lifelong medical patients.

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?

The Tasmanian legislature should not consider passing criminal laws in an area where undisputed medical and psychological standards of care are yet to be established, and research is both flawed and inadequate.

For example, various western European countries are already reappraising their embrace of the gender affirmation model of care and introducing laws to protect children against such practices. The threat of criminal penalties, including imprisonment, for those who dare to question or depart from the affirmation model will effectively mandate the very practices that should be urgently outlawed.

Even Sweden, a country named as the most LGBT friendly country in the world in November 2019 and an early adopter of these medical treatments for gender dysphoria, has seen a rapid change in public opinion and recent shelving of planned legislation lowering the age from which these treatments can be accessed.

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?

Keira Bell is just one of an increasing number of detransitioners and members of the trans community who are now speaking out against the use of these treatments, particularly on children, and the need for more counselling before these interventions are considered.

Various whistle blowers who have worked within gender clinics, such as Dr Kenneth Zucker in Canada and Dr David Bell in the United Kingdom, have sounded the alarm about young and otherwise vulnerable individuals being exploited for profit by pharmaceutical and medical industries. You can watch an interview with Dr Bell here: <https://feministlegal.org/uk-gender-identity-service-given-leave-to-appeal-high-court-puberty-blockers-ban-youtube/>

In view of the decision in *Bell v Tavistock*, proceeding with these proposed laws would arguably constitute a significant breach of the Tasmanian Government's duty of care and will pave the way for extensive future litigation.

One of the physicians who testified in the case, Professor Christopher Gillberg, an expert in child and adolescent psychiatry, said that prescribing drugs to delay puberty is tantamount to conducting “a live experiment” on vulnerable children. He said: “In my years as a physician, I cannot remember an issue of greater significance for the practice of medicine ... We have left established evidence-based clinical practice and are using powerful life-altering medication for a vulnerable group of adolescents and children based upon a belief.”

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?

See 5.

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

Sex is an immutable biological reality whereas gender is a social construct which is subject to change. It is essential that these concepts should not be conflated and individuals should not be misled into believing that superficial changes to their physical appearance can alter whether they are male or female.

No amount of feminine dressing, female hormones or surgical interventions will change you into a woman if you are biologically male.

Health professionals must be free to explain these scientific facts to patients without being accused of conversion therapy and risking prosecution. Gender non-conformity should be embraced without the need to call into question an individual’s biological sex.

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

The existence of intersex individuals does not change the reality that human sex is binary. There are many individuals with only one leg but this does not alter the fact that humans as a species are bipedal.

It is not necessary to reject either science or common sense to be accepting of diversity and compassionate to those who experience psychological discomfort in relation to their physical attributes. These changes to the law would pave the way for a dystopic future where pseudoscience is freely propagated and those who dare speak the truth face severe sanctions by the state.

Thank you for this opportunity to comment. I hope you consider this letter and the concerns of many others who many not even know this issue is being debated. Please protect our vulnerable young people from practices the rest of the world is turning away from.

Yours sincerely
Sarah Quick