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Conversion Practices : Law Reform Options for Tasmania

The Australian Professional Association for Trans Health (**AusPATH**) was established in 2009 and is Australia's peak body for professionals involved in the health, rights and well-being of all trans people, including women, men, non-binary people and those who are gender diverse. The AusPATH membership comprises approximately 250 experienced professionals working across Australia.

We are aware that, worldwide, members of sexual and gender minority communities are subjected to measures taken - within religious, educational, and healthcare settings and elsewhere - that have the intended or reasonably expected effect of changing a person's sexual orientation and behaviour or gender identity and expression, or otherwise depriving that person of an opportunity to explore, of their own volition, those aspects of their sexuality, without outside pressure or coercion.

Such efforts are often called *conversion therapy* (a term often associated with efforts based on religious teaching), or *reparative therapy* (because they seek to repair what are regarded by the perpetrators as defects). In each case the word 'therapy' implies, wrongly, that these efforts occur exclusively in healthcare settings, or indeed are therapeutic. Another term in use is *SOGI change efforts* (or *SOGICE*). We are aware that this term, by concentrating on sexual orientation and gender identity, does not adequately address that such efforts are often also directed at sexual behaviour and gender expression. Nevertheless, we use the term in this document. It is clear that SOGICE have been practiced in Australia. See in this connection [Conversion Therapy in Australia: The State of the Nation](#).

While various approaches are used, SOGICE rest on the idea that certain sexual attraction patterns and experiences of gender, and expressions thereof, are sinful, disordered, unhealthy or otherwise defective, and that a person displaying these patterns must be persuaded, coerced or otherwise steered away from them. The evidence on SOGICE, available in the testimonies of sexual and gender minority community members and healthcare providers, as well as in research studies, reveals that such efforts have little if any impact on sexual orientation or gender identity. Rather, any impact they have is generally limited to individuals' sexual and gender expression, with such impact largely due to great anxiety and shame these efforts promote in its victims.

See for example the (Australian) [SOGICE Survivors' Statement](#). Recent [research by Turban et al](#) highlights the clearly harmful impact of such practices specifically upon trans people of all genders. In view of all the above we regard SOGICE as a threat to health.

In recent years a large number of professional and scientific health organisations have spoken out against such change efforts, not only in regard to people's sexual orientation but often also in regard to their gender identity and/or expression. Internationally, the World Medical Association, an umbrella organisation for 115 national member medical associations, has published a statement on [Natural Variations of Human Sexuality](#), opposing sexual orientation change efforts. Furthermore we note that the World Professional Association for Transgender Health (WPATH) has, in its [De-psycho-pathologisation statement](#) and elsewhere, asserted its view that diverse gender identities or expressions should not be regarded as pathological, and has judged in its [Standards of Care](#) that 'treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth,,, is no longer considered ethical' (p16 and 32).

We note too that the World Health Organisation has published the eleventh revision of its International Classification of Diseases and Related Health Problems (ICD-11), in which the Gender Identity Disorders, previously framed as mental disorders, have been reframed as Gender Incongruence, a condition related to sexual health. We note too that ICD-11 has discarded a block of diagnoses called Disorders of Sexual Preference that in effect pathologized same-sex orientation and gender diversity. We believe that these diagnostic revisions, in every case based on a developing scientific knowledge base on sexual and gender diversity, remove the last vestiges of any rationale for SOGICE.

In addition to international organisations, many national organisations have expressed their opposition to change efforts in the area of human sexuality. By way of example, and for non-exhaustive illustrative purposes only, we link here to a list published by the [Human Rights Campaign](#), detailing policy and position statements by various US organisations, and a [Memorandum of Understanding](#) published by 20 UK organisations. In Australia organisations such as the [Australian Counselling Association](#) and the [Australian Psychological Society](#) have similarly made their views known.

We take the view that, while SOGICE are clearly a health issue, they are also a matter of human rights. We are aware that the United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity has published a [Report on Conversion Therapy](#), in which he has called for a global ban on such practices, explicitly in regard to both sexual orientation and gender identity, highlighting that 'such practices constitute an egregious violation of rights to bodily autonomy, health, and free expression of one's sexual orientation and gender identity. When conducted forcibly, they also represent a breach to the prohibition of torture and ill-treatment.'

In view of the above, we call for legislation to prohibit SOGICE, supporting a definition of such efforts as *measures taken, within religious, educational, and healthcare settings and*

elsewhere, that have the stated intention, or reasonably expected effect, of changing a person's sexual orientation and behaviour, or gender identity and expression, or otherwise depriving a person of an opportunity to explore, of their own volition, those aspects of their sexuality, without outside pressure or coercion.

We urge that such SOGICE should only be regarded as lawful under strict conditions in which the individuals targeted are adult and give free and fully informed consent, after provision of factsheet resource explaining what conversion practices are and what the evidence says about impact.

We anticipate that legislation against SOGICE would act to criminalise practitioners, leaving enablers open to prosecution for civil offences. We expect that such legislation would be hybrid, involving a stand-alone statute, together with reform of other relevant legislation.

Finally, we urge that such legislation is accompanied by, but most certainly not replaced by, initiatives to ensure (a) adequate education and training for professionals and the organisations in which they work; (b) amendments, where necessary, to codes of conduct and membership practices for professional bodies; and (c) properly implemented comprehensive sexuality education in schools,

Sincerely

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