



# Curtin University

From:

Associate Professor Sam Winter, BSC., PGDE, MEd, PhD,  
School of Population Health, Faculty of Health Sciences,  
Curtin University, Perth, WA 6102

27<sup>th</sup> January 2021

**Submission to the Tasmanian Law Reform Institute on the matter of change efforts directed at sexual orientation and behaviour, and gender identity and expression (otherwise commonly known as conversion or reparative therapies)**

Biographical information. I am Associate Professor in Sexology at the School of Population Health, in the Faculty of Health Sciences, Curtin University. I am a psychologist, clinician, researcher and teacher working in the field of trans health, wellbeing and rights. I work with community organisations in Australia and elsewhere to focus on factors impacting on the social and emotional distress experienced by trans people in their lives. Over the last 20 years I have on many occasions been an invited participant at policy meetings, as well as a keynote speaker at academic and professional conferences, worldwide. I have researched and published extensively. Since 2000 I have led or been an investigator on over 20 funded research projects and have published around 75 refereed works, including a number of commissioned pieces. In 2011 I was one of the authoring team for the World Professional Association for Transgender Health (WPATH) [\*Standards of Care Version 7\*](#) (SOC-7). I am team leader for a chapter in the upcoming eighth edition, due for publication in 2021. In 2012 I was author of UNDP/APTN publication, [\*Lost in Transition: Transgender people, Rights and HIV Vulnerability in the Asia-Pacific Region\*](#), the first United Nations publication focused on the lived experiences of trans people, and associated HIV-related vulnerabilities. In 2016 I was one of the two commissioned lead authors for the seminal [\*Lancet series on trans health\*](#). In 2019 I was a co-author for a research report called [\*Denied Work: An Audit of Employment Discrimination on the Basis of Gender Identity in Southeast Asia\*](#), a partnership with Asia-Pacific Transgender Network (APTN) and the United Nations Development Program (UNDP) Asia-Pacific office. I am currently a principal investigator for a national Australian project, with Pride in Diversity as partner, examining challenges faced by trans people seeking employment. I have acted as expert witness in a number of court and tribunal cases in Australia and elsewhere, more recently in the case of Re:Imogen in the Family Court of Australia.

My position on change efforts targeting sexual orientation and behaviour, or gender identity and expression. I am 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*). I am 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, I use the term in this submission. 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](#). I therefore take the view that SOGICE are 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, the World Professional Association for Transgender Health (WPATH) has, in its [De-psychopathologisation 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).

I 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 conceptualised as mental disorders, have been reframed as Gender Incongruence, a condition related to sexual health.

Furthermore, I note that ICD-11 has discarded a block of diagnoses called Disorders of Sexual Preference that in effect pathologized same-sex orientation and gender diversity. I take the view that these diagnostic revisions, in every case resting on developing scientific knowledge in regard to 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, I 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.

I take the view that, while SOGICE are clearly a health issue, they are also a matter of human rights. I am 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](#), calling for a global ban on such practices, explicitly in regard to both sexual orientation and gender identity, and 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.’

Recommendation. In view of the above, I advocate legislation, at both State and Commonwealth level, to prohibit sexual orientation and gender identity change efforts. I support 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, and without outside pressure or coercion, those aspects of their sexuality.*

Yours sincerely

Sam Winter, BSC, MEd, PGCE, PhD  
Associate Professor and Head, Sexology Team,  
School of Population Health,  
Curtin University