SUBMISSION IN RESPONSE TO

SOGI Conversion Practice – Issues Paper No 31

I provide this public submission, out of my growing concern about the radical agenda behind the SOGI Practice discussion paper.

The discussion paper states that "conversion practice is driven by an underlying ideology that is not supported by mainstream scientists, medical professionals, psychologists or health experts" (4.2.45). This statement is misleading because it pretends that the new proposed ideology is supported by mainstream science. In particular, I note:

> The new ideology while not explicitly stated sees all sexual behaviour as equal; we should be free to express ourselves sexually in whatever way we feel. This is ultimately a question of ideology, not science. It is misleading to imply that the basis for this equality of sexual behaviour is in the science.
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> A central issue is whether children should be allowed to transition to the opposite biological sex. This is a question of ideology, not science. It is a moral issue, and not the exclusive domain of medical practitioners.
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> The whole position of the LGBTQA+ movement is based on an ideology now taken up by the TLRI; "LGBTQA+ status is not a disorder or dysfunction". Again, this is ideology, not science. To imply that all mainstream practitioners agree with the new ideology, adds a pretence of scientific credence.
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> The TLRI proposes a working definition of 'conversion practice' which is very broad. This definition does not match the specific contexts found in the academic papers. Science cannot work with such broad definitions. To extrapolate particular instances of 'conversion practice' in particular contexts to all 'conversion practices' across all contexts is not scientific, it is ideological.
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> A more traditional ideology is that we are not free to behave sexually in whatever way we want; there are boundaries. Furthermore that these boundaries are not made by people (mobs, governments, individuals, dictators), but rather they transcend us. It is not clear that all mainstream practitioners have rejected this ideology in favour of the new.

Why the ideology of the LGBTQA+ community should enjoy a privileged status and why the more traditional ideology should be denounced is not clear, it is certainly not a scientific issue. Particular wrong-doings (even if they exist in Tasmania) do not provide a basis for denouncing the whole ideology. If so, the case of Bell vs Tavistock (see below) would be the basis for denouncing the ideology of the LGBTQA+ community.

The evidence of the irreversible harms of puberty blockers, cross-sex hormones and surgery are starting to be understood. The recent case of Quincy Bell in the high court of England is telling. She later regretted the mastectomy she had as an adolescent. Wikipedia reports:

> more often called simply ***Bell v Tavistock***, is a decision of the High Court of Justice of England and Wales, on the question of whether puberty blockers could be prescribed to under-18s with gender dysphoria. It is related to *Gillick* competence, the legal principle governing under what circumstances under-16's can consent to medical treatment in their own right.[1] By contrast, people aged 16 or older are presumed to have the ability to consent to medical treatment (*Gillick* does not apply).[1]
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> The court ruled that it was unlikely that a child under the age of 16 could be *Gillick* competent to consent to puberty blocking treatment.[1] The court also said that "[in] respect of young persons aged 16 and over […] we recognise that clinicians may well regard these as cases where the authorisation of the court should be sought prior to commencing the clinical treatment"

The terms of reference of the discussion paper are too narrow to capture the bigger picture which would include for instance the harms of the alternatives to "conversion practice"; namely, sex change. There is a desperate need for common sense to return to this issue and for the serious harmful effects on children of the LGBTQA+ ideology to be examined rather than simply dismissed as outside the scope of discussion.

Finally, it should be re-iterated that there is considerable confusion over the term 'conversion practice' in statements made by the discussion paper, eg:

> "There is no convincing evidence that SOGI conversion practices are 'effective' in achieving their purported aims … ", and
> "Peer reviewed empirical studies indicate that SOGI conversion practices have significant and prolonged harmful effects …".

Here again, the working definition of 'conversion practice' and the actual instances that are referred to in the academic papers are not the same. The reality is that gender identity can and does readily change. It is rather tenuous to imply that within the broad range of 'conversion practice' as now defined by the TLRI, there is nothing that is effective and all of it is dangerous. If gender is purely a state of mind as we are now being told, it is incredible that change in gender identity is only to be supported if it encourages the child away from their biological sex.

Question 1 What is SOGI conversion practice?

Even though the TLRI acknowledges that 'conversion practice' is difficult to define, the confusion still remains. The working definition is very broad and does not match the specific contexts found in the academic papers. Nor does the working definition match community understandings neither, since the community is being fed extreme examples of 'conversion practice' in an effort to create outrage.

Anyone who holds to the traditional ideology and makes statements to uphold that view can be accused of seeking to bring about change and so be guilty of "conversion practice".

A definition of SOGI Conversion Practice that can protect freedom of speech needs to have the word 'statements' removed from sub-clause (a). As it currently stands, Question 1 is based on a premise (within the proposed definition) that the debate about underlying ideologies, has already been settled once and forever and that no further debate should ever arise. This premise needs to be challenged and the protection of the law is needed to allow it to be challenged.

This is no idle concern. Recent experiences have brought home how easily such laws are abused. Cases in point are the threats of prosecution made to Julian Porteous and Claire Chandler. Nor do we all enjoy celebrity status like Israel Folau for instance, which helps in our defence against aggression from those who have a different world view. The effect of such laws is to silence all opposing views and this is hardly a way to run a fair society. Even if ultimately, the freedom of expression still remains, the ongoing threat of prosecution has a chilling effect on everyday freedom of speech. Perhaps this is exactly what the proponents of the new laws are wanting.

Question 2 Should people be allowed to consent to SOGI conversion practice…?

If "vulnerable people" includes children below a certain age (say 18), a more appropriate question is whether children should be allowed to consent to the irreversible and harmful treatments of puberty blockers, cross-sex hormones and sex-change surgery. (As the UK High Court ruled in Bell vs Tavistock, children lack competency to provide consent to such treatments)[i]. If consent is allowed for puberty blockers (against current advice), how can consent be denied for SOGI Conversion Practice?

Question 4 Should Tasmanian Law be changed to address SOGI conversion practice?

It is staggering that the TLRI has no data on conversion practice in Tasmania. This discussion paper appears to be provoked by nothing more than the vague idea that "it is probable that some Australian churches do engage in SOGI Conversion Practices". Why has TLRI accepted this as a valid exercise given that they have no evidence that there is a problem?

The fact that churches are specifically identified as problematic underscores another problem. Legislatures cannot satisfy the LGBT activist wish to impose their ideological views of gender and sexuality in law without attacking the fundamental human rights of freedom of religion, thought, conscience and expression in so doing.

Tasmanian Law should not be changed to address "SOGI conversion practice".

Question 9 Are there any other matters that you consider relevant…?

The Terms of Reference are biased in their drafting. Rather than presenting objective evidence for a problem and proposing reasonable and proportionate legal remedies, they accept the a priori assumptions of the LGBTQA+ worldview which are at odds with the traditional views of the wider community. **The Terms of Reference should be holistic and look at all forms of harm in this area of gender.** Gender transition practices are extremely harmful. If the legislation is truly seeking to protect from harm, then it should also be targeting the harmful practices of puberty blockers, cross-sex hormones and the surgery associated with gender fluidity. It is culpable negligence if legislators and judges turn a blind eye to these harms which are already being inflicted on vulnerable persons and focus entirely instead on the relatively minor (and so far, unsubstantiated) harms of "conversion practice".

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[i] S. 151: “It is highly unlikely that a child aged 13 or under would be competent to give consent to the administration of puberty blockers. It is doubtful that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blockers.” https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf