



Submission to the Tasmanian Government Consultation: Justice Miscellaneous (Conversion Practices) Bill 2024

Australian Feminists for Women's Rights (AF4WR) is a national feminist group whose object is research-based advocacy on women and girl's sex-based rights. Our members are on the political left and our advocacy and research is centred on the experience of women and girls and the oppression of females on the basis of sex.

We respectfully request the following submission be considered alongside other submissions as part of the Tasmanian Government's consultation process on the above Bill.

AF4WR supports banning gay and lesbian conversion therapy. Our concerns relate to extending this ban to therapeutic interventions around the contested notion of gender identity, as outlined below.

Specific issues raised by the draft legislation

AF4WR welcomes the following elements of the draft legislation, as outlined in the accompanying fact sheet:

- the exclusion of practices carried out by health care service providers that are clinically appropriate
- the exclusion of general actions such as providing support or understanding to another person
- the exclusion of advising a person about the potential side effects or risks of medical interventions such as puberty blockers and cross-sex hormones.
- the ability to explore psychosexual factors behind a person's gender identity
- the inclusion of consent by adults as a defence.

We particularly welcome this clarification in the fact sheet:

"The ban on conversion practices will not require parents to assist their child to seek gender affirming care nor will it prevent parents from seeking legitimate health care for their child."

It is pleasing to see that the Tasmanian Government has decided not to emulate the draconian legislation introduced by the Victorian government which potentially criminalises parents, carers, health care providers and other responsible adults who don't immediately "affirm" a child's professed gender identity.



There are, however, a number of concerns raised by the draft Bill.

1. The inclusion of “gender identity” in the Bill

Any legislation that treats sexual orientation, which relates to the sexual attraction one human being of either sex feels for another, of either sex, as comparable with a fluid sense of ‘gender’ based on sexist stereotypes (as made clear in the DSM-V definition of ‘gender dysphoria’), will be flawed from the outset.

The US Diagnostic and Statistical Manual’s 5th edition (DSM-V) is the world’s most influential document in informing therapeutic approaches for gender-confused children: among other things, it is the fundamental reference used by Australian “gender” clinics. The majority of criteria DSM-V lists for a diagnosis of ‘gender dysphoria’ are based on the very same outmoded sexist stereotypes that the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) identifies as contributing significantly to the subordination of women (CEDAW, 1979, Articles 5 and 10).

AF4WR notes that gay conversion practices have long been discredited, and there is little to no evidence of them still being practised in Australia. That said, we support a ban on practices that are specifically intended to convert gay, lesbian and bisexual people away from their sexual orientation and that are intended to cause physical or psychological harm.

We do *not* support a ban on so-called “conversion practices” based on gender identity, as we believe that the real “conversion” in this case is in fact so-called “gender affirmation”, as we discuss below. There is no evidence of the existence of a fixed, immutable gender identity in individuals. In most cases, we are dealing with gender-confused children who are exploring their identity, may be experiencing feelings of discomfort with their body as they go through puberty, may have experienced trauma or be neurodiverse, and may also be coming to terms with their same-sex attraction. Many of these children are gender non-conforming: that is, boys who exhibit what are stereotypically considered “feminine” behavioural traits and vice versa.

These children and young people need time, love and support as they learn to understand and accept themselves in their own bodies. For most children and their parents or carers, this will mean counselling as a first step.

A range of research has shown that human brain maturity, notably cognitive control over emotional responses, is not reached until well into the twenties, and adolescents can be highly influenceable, notably as concerns peer-group acceptance and reward-driven behaviour. This knowledge has informed many current laws concerning children and adolescents, such as the legal ages for driving, voting, sexual consent and even getting a tattoo. In Scotland, the criminal justice system has even factored this information into the



[development of new sentencing guidelines](#), based on research commissioned from the University of Edinburgh.

Our strong view is thus that the proposed legislation should apply only to practices intended to change or suppress a person's sexual orientation. Gender identity should be removed from the proposed legislation for the reasons outlined both above and in further sections below.

2. The proposed definition of conversion practices

The draft legislation defines a conversion practice as “a practice that attempts to change or eradicate the sexual orientation or gender identity of the recipient of that practice.”

In relation to gender identity, the definition lacks precision and is open to a variety of interpretations. Would it be illegal to not “socially affirm” a child on the basis that it “eradicates” their chosen gender identity? (See below for more on social transition.) Would this legislation make it illegal to use correct sex pronouns for a trans-identified male on the same basis?

In our view the current definition is vague due to the inclusion of the word “eradicate” and the lack of detail about what constitutes a “practice”. This could lead to a number of unintended consequences.

3. Lack of clarity around “social transitioning” of gender-confused minors

While we welcome confirmation that parents and carers will not be required to medically transition a child in their care based on the latter's professed “gender identity”, we are alarmed that the bill is silent on the issue of social transition. This leaves open the possibility that not socially affirming a minor could be considered a conversion practice under the legislation and therefore attract a criminal charge. We are deeply concerned at this prospect for the following reasons.

Affirming a person's sexual orientation requires no action beyond stating acceptance of that person's sexuality. However, affirming a person's gender identity is not a neutral act but requires action, much of which could be of long-term harm to a child or young person. At the very least it requires changing the way a child is referred to, the way she or he presents socially, and, in an education setting, allowing male students into female spaces and vice versa. [‘Social transition’ is nearly always followed by medical intervention](#) including the use of puberty blockers and cross-sex hormones, the harmful effects of which we discuss below.

[Studies have shown](#) that under the “watchful waiting” model of care, between 80 and 90 percent of children claiming a transgender identity will eventually accept themselves as their own sex. Many will be gay or lesbian. By rushing to an affirmation-first approach, this legislation will have the effect of “transing away the gay.” In other words, will enforce a form of gay conversion therapy on gender-confused children. It is a retrogressive step and runs directly counter to the stated intent of the proposed legislation.

It is becoming clearer over time that a vast number of young people, particularly young girls, presenting with gender confusion often have at least one other comorbidity: for example, autism or eating disorders, or even trauma associated with experience of sexual violence. These conditions need to be examined and addressed before any move that risks sending these children down the path of lifelong medicalisation via gender-affirming care. (See for example the Westmead reports linked in ‘Sources and further reading’.)

[The largest longitudinal study conducted to date \(1972-2017\)](#), at the world’s first “gender clinic” in Amsterdam, found that those using the clinic had *a higher suicide risk* than the general population *at every stage of transition*, and recommended that future research consider carefully the *role of comorbidities* in heightening suicide risk. A growing number of detransitioners are also testifying about the devastating impact of being rushed into transition at a young age: see further information below.

Instead, AF4WR urges the Tasmanian Government to consider recent developments in the UK, Sweden, Denmark, the Netherlands, Finland and many US states, where the affirmation-only model of care for gender-confused children is no longer the default. We call on the Government to conduct a full review of the current treatment practices for gender-confusion in Tasmania, including:

- the evidence base (or lack thereof) for the use of puberty blockers
- the use of the affirmation model as the preferred care model when evidence suggests gender-confused children present with a variety of comorbidities
- the teaching of “gender identity” in Tasmanian schools and its impact on the rapid increase in the number of teenagers and young children claiming a transgender identity.

Sources and further reading

Dr Andrew Amos, Australian academic psychiatrist, write about the lack of a sound evidence base for the current model of gender affirming care for minors
<https://www.genderclinicnews.com/p/on-demand>

A group of 21 clinicians and researchers from nine countries have warned there is no strong evidence base for the use of puberty blockers
<https://www.wsj.com/articles/trans-gender-affirming-care-transition-hormone-surgery-evidence-c1961e27>

The Cass Review into gender identity services (GIDS) for children and young people
<https://cass.independent-review.uk/>

The Tavistock Clinic in England was forced to close as a result of the review. Up to 1000 families are now considering suing the clinic

<https://www.medscape.co.uk/viewarticle/1000-families-sue-tavistock-gender-service-2022a10021ac>

Many Australian health care workers have called for a similar review here

<https://www.theaustralian.com.au/science/calls-to-review-transgender-treatment-for-kids-after-british-tavistock-clinic-is-closed/news-story/2b826d34b5d11063cf541885ebcd7bbc?amp>

A study published in the *British Medical Journal* found puberty blockers did not alleviate negative thoughts in children with gender dysphoria
<https://www.bmj.com/content/372/bmj.n356>

Westmead Children's Hospital papers (2021, 2023)
<https://journals.sagepub.com/doi/10.1177/26344041211010777>
<https://www.mdpi.com/2227-9067/10/2/314>

This Healthline article outlines some of the concerns about the lack of research on the effects of puberty blockers

<https://www.healthline.com/health/are-puberty-blockers-reversible#short-answer>

Keira Bell, a young female de-transitioner, sued the Tavistock clinic in a landmark case

<https://www.persuasion.community/p/keira-bell-my-story>

Courney Coulson is an Australian female destransitioner who was interviewed in July 2023 by 4 Corners

<https://www.youtube.com/c/CourtneyCoulson>



Jay Langadinos is an Australian female detransitioner who has called for inquiries into the surge in trans-identifying children and the current model of gender medicine

<https://www.smh.com.au/national/absolutely-devastating-woman-sues-psychiatrist-over-gender-transition-20220823-p5bbyr.html>

Courtney Cole is a female detransitioner in the USA who has given evidence to the House of Representatives about how transitioning ruined her childhood

https://www.youtube.com/watch?v=DSGgR3W_jig

Professor Dianna Kenny is an Australian psychologist and psychotherapist who has raised serious concerns about gender affirming care

<https://diannakenny.com.au/blog/>

Read Dr Lisa Littman's paper on Rapid Onset Gender Dysphoria

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>

In Sweden, gender dysphoria diagnoses in teenagers have increased by 1500%

<https://www.theguardian.com/society/2020/feb/22/ssweden-teenage-transgender-row-dysphoria-diagnoses-soar>

Sweden has since 'put brakes on treatments for trans children'

<https://www.france24.com/en/live-news/20230208-sweden-puts-brakes-on-treatments-for-trans-minors>

'Clinical and Ethical Considerations in the Treatment of Gender Dysphoric Children and Adolescents: When Doing Less Is Helping More.' *Journal of Infant, Child, and Adolescent Psychotherapy* 20(4): 439-44.

<https://doi.org/10.1080/15289168.2021.1997344>

GenderHQ explores why so many young females are identifying as transgender

<https://www.genderhq.org/increase-trans-females-nonbinary-dysphoria>

Gender clinician admits the evidence for gender affirming care is weak

<https://www.genderclinicnews.com/p/yes-our-evidence-is-weak>

There is growing evidence that puberty blockers can alter the normal trajectory for psychosexual development

<https://can-sg.org/frequently-asked-questions/how-do-the-endocrine-interventions-puberty-blockers-and-cross-sex-hormones-work/>

Detransitioners are raising awareness of the issue: <https://www.detransawareness.org/>

<https://www.nytimes.com/2024/02/02/opinion/transgender-children-gender-dysphoria.html>