

Problems with the TLRI report

The Tasmanian Law Reform Institute (TLRI) released a report recently titled *Sexual Orientation and Gender Identity Conversion Practices*.

The Recommendations

The Report:

- recommends extensive changes to health legislation which will severely restrict care that health practitioners provide for gender confused and other people. It will bring even parents who speak to children about gender or sexual issues within the bans provided and so reach right into the family. This is deliberate as the Report says, “no domain or area of conduct should be excised from the definition of conversion practices [2.7.22].”
- amending the *Anti-Discrimination Act 1998* to make any promotion of proper care which seeks to caution children from hastening down a transition route as hate speech. It will limit academic inquiry and severely affect the proper care of children. Promoting the truth that people are biologically male or female and that this the creational order in Christianity, Islam and other faiths may be hate speech;
- Providing proper care for children who are gender confused while not encouraging them to transition may be child abuse;
- Criminalisation of anyone who acts to properly care for children by exploring all options not following the affirmation pathway.

Criticisms of the Report

While ACL does not support any coercive interference with a person’s life, these recommendations will massively interfere with daily life; the law has no place at a kitchen table. Parents should not be charged for care for their children; the TLRI speaks with arrogance when it says, “The Institute is not convinced there are any compelling reasons why SOGT conversion practices warrant a special exemption from the law when they occur in familial settings [5.2.14].” Uncoded, this means we will tell you what you can say to your kids.

The Report commenced with an irredeemable bias in that the Issues Paper argued that clinical studies show that attempts to alter or suppress LGBTQA+ status lack efficacy and can cause harm (pages 16-21). With that as the governing view the conclusion was fixed.

The Report operated on poor data. Paragraph [3.2.1] concedes that the TLRI had no data about nature and prevalence of conversion practices in Tasmania. Only 46 submissions offered evidence of which 16 were anonymous. Many submissions used pseudonyms, and others were from activist groups. Some used hearsay. None of the evidence was tested.

The Report ignores the growing evidence of the need to watch and wait with children and the evidence that children who present with gender issues have significant co-morbidities which may result in the gender confusion and this report rejects that out of hand. It failed to even note a critical Australian study which said:

Key challenges faced by the clinicians included the following: the effects of increasingly dominant, polarized discourses on daily clinical practice; issues pertaining to patient and clinician safety (including pressures to abandon the holistic [biopsychosocial] model);

The Report does not address at all the tremendous intrusive nature of gender affirmation treatment. As the UK High Court said in Tavistock at [134] there is uncertainty as to the short and long term consequences, and the treatment is experimental and can lead to a loss of fertility (see also Tavistock at [85]).

As Keira Bell said, “I do not believe I had fully processed the surgical procedure to remove my breasts and how major it really was. I made a brash decision as a teenager and I have to spend the rest of my life negatively affected. I cannot reverse the physical, mental or legal changes I went through.”

There is no mention of this in the Report and the need to not hinder the proper and unfettered treatment of children. There is no mention of the moves in countries like Finland and Sweden to wait and see. The Finns say,

“In light of available evidence, gender reassignment of minors is an experimental practice. Based on studies examining gender identity in minors, hormonal interventions may be considered before reaching adulthood in those with firmly established transgender identities, but it must be done with a great deal of caution, and no irreversible treatment should be initiated. Information about the potential harms of hormone therapies is accumulating slowly and is not systematically reported.”

At [4.4.9] the Report says, “sexual orientation and gender identity may change with time. But that does not mean that external human interventions can influence these desires.”

But how do they know? How do they know that talking to someone like a trauma counsellor may lead to change? The evidence of de-transitioners is that *forty-five percent of the whole sample reported not feeling properly informed about the health implications of the accessed treatments and interventions before undergoing them*. A third (33%) answered that they felt partly informed, 18% reported feeling properly informed and 5% were not sure. The most common reported reason for de-transitioning was *realising that my gender dysphoria was related to other issues* (70%). JOURNAL OF HOMOSEXUALITY <https://doi.org/10.1080/00918369.2021.1919479> 2021 237 respondents.

This sort of legislation will lead to more not being informed.

While saying those who seek to assist people act on ideology [2.6], the Report fails to recognise that the push for this type of legislation is also ideological, flowing from Engels, Foucault, Kinsey and Judith Butler. This is a Marxist view, and Marxism wherever implemented has been disastrous.

In her best-known work, *Gender Trouble: Feminism and the Subversion of Identity* (1990), and its sequel, *Bodies That Matter: On the Discursive Limits of ‘Sex’* (1993), Butler built upon the ...cultural-theoretic assumption that gender is socially constructed (the result of socialization, broadly conceived) rather than innate and that conventional notions of gender and sexuality serve to perpetuate the traditional domination of women by men and to justify the oppression of homosexuals and transgender persons. This Report is based on this Marxist analysis.

The Report is based on untested and often untestable evidence and has recommend a massive intrusion into the day to day lives of all Tasmanians, especially parents and caregivers, pastors, religious leaders and ordinary Christians and health professionals. It must be rejected.