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Submission to the [Review of Queensland's Human Rights Act 2019](#)
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Thank you for the opportunity to make this submission. I only wish to outline a specific failure in the way the Queensland Human Rights Act is used and to make some related suggestions.

Example of the Births Deaths and Marriages Registration Bill 2022

In 2022 the Honorable Shannon Fentiman MP, Attorney-General and Minister for Justice, Minister for Women and Minister for the Prevention of Domestic and Family Violence, 'certified'¹ that Queensland's Births Deaths and Marriages Registration Bill 2022 had been prepared in accordance with Part 3 of the Human Rights Act 2019.

26 Protection of families and children▶

- (1) Families are the fundamental group unit of society and are entitled to be protected by society and the State.
- (2) Every child has the right, without discrimination, to the protection that is needed by the child, and is in the child's best interests, because of being a child.
- (3) Every person born in Queensland has the right to a name and to be registered, as having been born, under a law of the State as soon as practicable after being born.

— Section 26 of the Human Rights Act 2019.

[Even as the certification was being drafted](#) there was clear evidence Queensland's Births Deaths and Marriages Registration Bill 2022 did not provide sufficient, nor even **any** adequate, safeguards against unnecessary, damaging,

¹[Archived Human Rights Certificate](#) (accessed 3 January 2022).

irreversible effects of gender transitioning, or gender socialisation, for children, since:

- its safeguards were insufficient to ensure a child's understanding of consequences of various forms of gender affirmation (social and medical)
- its safeguards were insufficient to ensure a child's protection from homophobic actors (malicious adults, practitioners, or parents)
- its safeguards were insufficient to ensure a child's protection from peer, media, and other pressures to conform to gender stereotypes.

A little more than a year after the enactment of the Bill, various important international reviews and events have shown that the certification was wrong, from a purely evidentiary perspective, if not in law:

1. [The Cass Review](#) in the UK has caused reversal of policies for treatment of gender dysphoria in children.
2. [Release of WPATH files](#) has shown conclusively that health professionals do not, in practice, believe children can consent to treatment.
3. The [American College of Pediatrics has called on the entire medical profession in the USA to immediately cease all social and medical gender affirmation](#) of children with gender dysphoria.

The progress of “gender self-ID” and “gender-affirming” legislation in Queensland has [encouraged clinics to promote, to parents and children under 16, an ever-expanding role for gender-affirming surgery](#).

In addition, the [Queensland attorney-general refused to consult with women on how the legislation would affect women as a class](#).

Governments and political parties are ill-suited to protecting the rights of citizens, and lobby groups even less suited to drafting legislation that properly balances their claims with the rights of other groups.

Suggestions

Governments or their agents **should not be permitted to certify their own compliance with human rights law.**

Human Rights Commissions could adopt the **model of auditor-general offices, reporting to parliaments with evidence answering narrowly-framed questions** about how rights of citizens are affected by legislation, policy, agencies and institutions.

References

- Cass Review
‣ <https://cass.independent-review.uk/home/publications/final-report/>
- WPATH files
‣ <https://environmentalprogress.org/big-news/wpath-files>
- American College of Pediatrics
‣ <https://doctorsprotectingchildren.org/press-release/>
- 30/06/2023 'Top surgery': A children's hospital talks up transgender mastectomy for minors
‣ <https://genderclinicnews.substack.com/p/top-surgery>
« Staff at the gender clinic of an Australian children's hospital are being given a rosy view of double mastectomy as “an integral part” of medicalised gender change with high levels of satisfaction. Although the publicly-funded clinic in Brisbane, Queensland, does not itself offer this surgery, an internal “work instruction” document for staff tells them that the Family Court has judged transgender-identifying girls as young as age 15 to be competent to consent to the removal of their healthy breasts. “Chest reconstructive surgery... is considered an integral part of the transition process for many trans males and non-binary young people with chest development [meaning females with breasts] and has low complication rates and high levels of satisfaction,” the document for staff says. Often promoted as “top surgery”, this intervention is the third stage of the so-called [Dutch protocol](#) for treating the distress of gender dysphoria, with puberty blockers and opposite-sex hormones being the first two stages. The Dutch pioneers of the protocol withheld surgery until age 18, but key restrictions and safeguards of their approach have been relaxed internationally, especially in English-speaking countries following the Americanised “gender-affirming” model, which pushes for earlier, easier access to medical interventions. The evidence base for medicalised gender reassignment of minors has been shown to be very weak and uncertain by systematic reviews reported since 2020 in [Finland](#), [Sweden](#), the [United Kingdom](#) and the U.S. state of [Florida](#). »
- Women's groups excluded from consultations on legislation
‣ <https://documents.parliament.qld.gov.au/com/LASC-C96E/PPROLAB202-EF1C/submissions/00000295.pdf>
Archived: <https://archive.md/wip/Fiwpc>.