

Health and wellbeing for  
lesbian, gay, bisexual, trans, intersex [LGBTI]  
people and sexuality, gender, and bodily  
diverse people and communities  
throughout Australia

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## **RE: Review of the Family Law System IP48**

To the Executive Director

The National LGBTI Health Alliance (the Alliance) welcomes the opportunity to contribute its views on the Australian Law Reform Commission (ALRC) Family Law System Issues Paper. This structure of this submission is as follows: Firstly, introducing the Alliance and its position in regard to the review of the Family Law System in Australia; introducing LGBTI people and communities, along with the social determinants of health and wellbeing for these populations; then comments on the Issues Statement under 6 distinct sections.

### **The Alliance's Position**

The Alliance takes the following positions: it believes that further incorporating inquisitorial characteristics in the Family Law system; the establishment of independent, effective human rights-based oversight mechanisms (that includes human rights experts and intersex-led organisations) to determine individual cases involving persons born with variations in sex characteristics who are unable to consent to medical interventions; updating the Court's practice standards; and embedding human rights principles will improve the overall accessibility of the Family Law System for LGBTI people.

The Alliance would like to take this opportunity to endorse the submission from member organisation Intersex Human Rights Australia (until recently known as Organisation Intersex International Australia) and express our strong support for its recommendations<sup>1</sup>.

In addition to supporting the recommendations in the submission, the Alliance recommends the consideration of the Darlington Statement<sup>2</sup>, a joint statement by Australia and New Zealand intersex community organisations and independent advocates, including Intersex Human Rights Australia (IHRA), Androgen Insensitivity Support Syndrome Support Group Australia (AISSGA) and Intersex Trust Aotearoa New Zealand (ITANZ). This statement outlines actions to advance the health and wellbeing needs of people with variations in sex characteristics in particular. It is practical and valuable to increase inclusion of people with variations in sex characteristics.

### **About the National LGBTI Health Alliance**

The Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life, particularly in relation to families.

### **Health and Wellbeing of LGBTI People and Communities**

In Australia, the acronym 'LGBTI' refer collectively to people who are lesbian, gay, bisexual, transgender, and/or intersex. The category of 'LGBTI' people and populations are now recognised by the Commonwealth Government in some federal legislation, policies, and programs<sup>3,4,5</sup> LGBTI people make up a significant proportion of Australian society, and are estimated to represent 11% of the population<sup>6</sup>. LGBTI people are part of all population groups including Aboriginal and Torres Strait Islander people, people living in rural and remote areas, culturally and linguistically diverse populations and people living with disabilities and chronic illness, children and younger people, and older people.

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<sup>1</sup> Available from: <https://ihra.org.au/32111/alrc-may-submission/>

<sup>2</sup> Androgen Insensitivity Syndrome Support Group Australia, Intersex Trust Aotearoa New Zealand, Organisation Intersex International Australia, Black E, Bond K, Briffa T, et al. Darlington Statement. (2017). Available from: <http://darlington.org.au/statement/>

<sup>3</sup> Australian Government, (2013). Australian Guidelines on the Recognition of Sex and Gender: Updated November 2015, Australian Government, Canberra

<sup>4</sup> *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth).

<sup>5</sup> Australian Human Rights Commission, (2015). Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights, National Consultation Report, Australian Human Rights Commission, Sydney.

<sup>6</sup> Commonwealth of Australia, (2012). National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy. Department of Health and Ageing, Australian Government

Many LGBTI people lead healthy and fulfilling lives contributing to their families, local communities, workplaces and society as a whole, and have demonstrated considerable resilience in looking after themselves and their communities despite adversity. Nevertheless, many LGBTI people experience multiple, interconnected and reoccurring forms of harm related directly to their gender identity and gender expression, sexuality and/or their sex characteristics<sup>7</sup>. It is the demonstration of societal prejudices, rather than identity and expression that result in LGBTI people's experiences of marginalisation, stigma, isolation, prejudice, social exclusion, discrimination, abuse, and violence. These social determinants of health are reflected in LGBTI populations heightened mental health diagnoses, psychological distress, self-harm<sup>8 9 10 11</sup>, suicide ideation and suicide attempts<sup>12 13 14 15</sup>.

The social determinants of health highlight overlapping and interdependent systems that negatively effect on the health and wellbeing of marginalised populations in Australia. Much of the work to ameliorate the negative social and structural factors influencing the wellbeing of LGBTI people lie beyond the realms of the health system<sup>16</sup>, in others such as Australia's legal system<sup>17</sup>. The families of Aboriginal and Torres Strait Islander people, those who express diverse genders, sexualities and sex characteristics, people who experience

<sup>7</sup> International Commission of Jurists, (2007). Yogyakarta Principles plus 10: Principles on the application of international human rights law in relation to sexual orientation and gender identity. Available from [http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5\\_yogyakartaWEB-2.pdf](http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf)

<sup>8</sup> Australian Bureau of Statistics (2007) National Survey of Mental Health and Wellbeing: Summary of Results. 4326.0. Australian Government, Canberra.

<sup>9</sup> Leonard, W., Lyons, A. & Bariola, E. (2015). A Closer Look at Private Lives 2: Addressing the mental health and well-being of LGBT Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

<sup>10</sup> Hyde, Z., Doherty, M., Tilley, P.J.M., McCaul, K.A, Rooney, R. & Jancey, J. (2014). The First Australian National Trans Mental Health Study: Summary of Results. School of Public Health, Curtin University, Perth.

<sup>11</sup> Jones, T., Carpenter, M., Hart, B., Ansara, G., Leonard, W. and Lucke, J. (2016). Intersex: Stories and Statistics from Australia. Open Book Publishers: London.

<sup>12</sup> Pitts, M., Smith, A. Mitchell, A. and Patel, S. (2006). Private Lives: A report on the health and wellbeing of GLBTI Australians Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

<sup>13</sup> Hyde et al. (2014).

<sup>14</sup> Jones, et al. (2016).

<sup>15</sup> Robinson, K.H., Bansel, P., Denson, N., Ovenden, G. & Davies, C. (2014). Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne.

<sup>16</sup> Leonard, W. & Metcalf, A. (2014). Going Upstream: A Framework for Promoting the mental health of LGBTI people Sydney. National LGBTI Health Alliance. Available from: <https://www.lgbtihealth.org.au/sites/default/files/going-upstream-online-o-lgbti-mental-health-promotion-framework.pdf>

<sup>17</sup> Hardy, Samantha, Olivia Rundle, and Damien W. Riggs. (2016). *Sex, Gender, Sexuality and the Law: Social and Legal Issues Faced by Individuals, Couples and Families*. Book, Whole. Pyrmont, NSW: Thomson Reuters (Professional) Australia.

disability, people who are culturally diverse and those who live in rural and remote Australia, do not exist separately from each other. Neither do their interactions with the Family Law system. Adopting a social determinants of health perspective supports the ALRC to undertake a nuanced, holistic review of Australia's Family Law system and the many other systems it overlaps with.

### **What should guide any redevelopment of the family law system?**

The Alliance suggests that in addition to a social determinants approach, the ALRC adopt two additional approaches. The first, a Human Rights approach, with special emphasis on the principles on the application of international human rights law in relation to sexual orientation and gender identity stipulated in the Yogyakarta Principles plus 10<sup>18</sup>. The second, an 'upstream' approach similar to the Going Upstream framework for promoting the mental health of LGBTI people<sup>19</sup>, which emphasises that 'upstream' actions focus on creating environments that are conducive to overall mental health and wellbeing.

### **The Alliance's comments on the Issues Statement:**

#### **1. Further incorporating inquisitorial characteristics in the Family Law System**

- The family court operates within a social system and as such needs to be responsive to changes in the social structures of society. Without overt, public affirmation by institutions such as Australia's Family Law System, many LGBTI people will continue to struggle to achieve that sense of personal and social worth on which improvements in their mental health depend<sup>20</sup>. The Alliance adds its voice to academics in the field who state, "it is possible for the law to play a key role in challenging cisgenderism and heterosexism"<sup>21</sup>.
- Family Law practitioners have conveyed to the Alliance that an adversarial family law system has detrimental effects on LGBTI people and their children. A model founded on inquiry rather than an adversarial way of approaching Family Law matters supports an equitable approach to the diversity of experiences for LGBTI families.

For example, in cases involving a relationship break down following one partner coming out as gay, lesbian, bisexual or trans, an adversarial family law model gives license for gender identity and/or sexual orientation to be 'weaponised' in child

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<sup>18</sup> International Commission of Jurists, (2007).

<sup>19</sup> Leonard and Metcalf, (2014).

<sup>20</sup> Leonard and Metcalf, (2014).

<sup>21</sup> Hardy, Rundle & Riggs, (2016).

custody disputes.

Shifting the Australian Family Law system from an adversarial to an inquisitorial model would transform the way judicial members decide what evidence is to be collected and presented.

- The adversarial nature of the Family Court's processes also privileges voices of the immediate parties to the dispute. This has considerable consequences in the context of cases relating to proposed medical interventions on children and infants born with variations in sex characteristics. In the current system an intersex person (often a child or infant), may only be heard if they are granted leave or representatives intervene as *amicus curiae*.

## **2. The Family Law System requires a paradigm shift**

- The Family Law System is grounded in a heteronormative paradigm, which is mired in a two-parent model of legal parentage. There are insurmountable barriers for this paradigm to reflect the reality and diversity of same-sex families and relationships. Redevelopment of the family law system must reflect the fact that same-sex families are not homogenous and may present in a variety of non-traditional family types. This includes: a single-parent family; a duplex model, comprising two mothers or two fathers; and a tripartite model, which may include two mothers and a donor, or two fathers and a donor/gestational mother. Lesbian and gay male couples may also elect to "poly-parent" so that a child may have two mothers and two fathers.<sup>22</sup> Three-parent or four-parent families must be protected under the law. To ensure the best interests of children remain central to decision making in family law issues, legislation must not only extend to the recognition of diverse family structures, but also encompass the capacity to accommodate these relationships when they break down.

For example, there are unresolved arguments relating to the status of a known donor in parenting arrangements. In 2008, s 60H(1) of the federal *Family Law Act 1975* was amended to recognise both members of a lesbian couple as the parents of a child born as result of an assisted conception procedure. However, the scope of 60H is limited to a child only having two parents and does not consider circumstances where parties agree that the child has three or four parents. There is no consensus among judicial experts as to whether s 60H in effect expands the definition of "parent" in order for the Family Law Act to include the donor of semen

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<sup>22</sup> Zanghellini, A. (2009). Who is entitled to parental responsibility? Biology, caregiving intention and the *Family Law Act 1975* (Cth): A jurisprudential feminist analysis. *Monash University Law Review*, 35(1),147-182.

or whether it cannot include the donor of semen, notwithstanding the parties' intentions to the contrary (refer to *Wilson v Roberts* 2010).<sup>23</sup>

The limitations of the current heteronormative paradigm underpinning the Family Law system is also highlighted in the following example. When a child is conceived through sexual intercourse using a male donor, the intentions of both parties as to the status of that donor is currently not examined; that is, the biological position prevails. The male who provided the semen is the biological father and the birth mother is the mother of the child (See *ND v BM* (2003)). As a result, this will be their status in law. Unless there is a formal agreement between the parties that the male is solely the biological progenitor with no rights or obligations towards the child, a lesbian co-parent will not be considered the legal parent, with all the rights and fiscal responsibilities that this status brings. Therefore, a paradigm shift is needed that recognises the intention of the parties, rather than the mode of conception in determining the legal parentage of a child.<sup>24</sup>

- A binary notion of gender is an additional foundation of the Family Law System. Jamison Green, of the World Professional Association of Transgender Health (WPATH), states that among the most complicated and persistent issues experienced by Transgender and Gender Diverse people worldwide are in relation to the legal system, is family law<sup>25</sup>. These complex issues arise in relation to the administration of specific eligibility criteria for transgender people in relation to civil unions, marriage, children's birth certificates, adoption, divorce, child custody, jointly held financial accounts or property, deaths in the family and inheritance. Green states that these are paradigms embedded in a faulty logic<sup>26</sup>, and one the Alliance encourages ALRC to transform.

### 3. Improved practice standards and processes in the Family Law System

- The Darlington Statement notes that: "the Family Court system in Australia has failed to adequately consider the human rights and autonomy of children born with variations of sex characteristics, and the repercussions of medical interventions on

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<sup>23</sup> Families, Policy and the Law: Selected Essays on Contemporary Issues for Australia, Chapter 10 Gay and lesbian parenting: the legislative response: Available from: <https://aifs.gov.au/publications/families-policy-and-law/10-gay-and-lesbian-parenting-legislative-response>

<sup>24</sup> Sifris, A. (2005). Known semen donors: To be or not to be a parent. *Journal of Law and Medicine*, 13(2),230-244.

<sup>25</sup> Green, J. (2017).

<sup>26</sup> Green, J. (2017).

individuals and their families.”<sup>27</sup> Therefore, the role of the Family Court itself needs to be clarified in distinguishing between ‘therapeutic’ and ‘non-therapeutic’ interventions.

For example, in 2013, the Australian Senate Community Affairs References Committee conducted an inquiry into involuntary or coerced sterilisation of intersex people. It highlighted the potential risk of clinical interventions occurring, based, for example, on rationalisations about the probability of the individual developing cancer. Interventions in such circumstances, can effectively mask some clinicians motivation to intervene, which is in fact to conduct normalising surgery. The Committee noted that this may be due to the Australian courts distinguishing between “therapeutic” and “non-therapeutic” medical interventions. Treating cancer may be unambiguously considered as a therapeutic treatment, whilst normalising surgery is not. Thus, a decision based on cancer risk ensures that court oversight is avoided in a way that a decision based on other factors would not. If the distinction between therapeutic and non-therapeutic treatments are to remain, then decision makers need to distinguish between treatment of cancer, and treatment for the possible *risk of* cancer. The implication of this is that treatments for the *risk of* cancer may need court authorisation to ensure that cancer and cancer risk are not interpolated with social and cultural rationales for medical intervention.<sup>28</sup>

Malta has legislated an explicit prohibition (with attendant penalties) on modifications to the sex characteristics of minors, including a clear prohibition on modifications justified using due to social and cultural rationales. A 2018 amendment added penalties for non-compliance<sup>29</sup>.

- Increased accessibility for LGBTI people in the Family Law system can be achieved in the following three ways:

Firstly, the introduction of standardised procedures, including practice notes, for how people are referred to in court proceedings. Examples include, when there are

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<sup>27</sup> Androgen Insensitivity Syndrome Support Group Australia, Intersex Trust Aotearoa New Zealand, Organisation Intersex International Australia, Black E, Bond K, Briffa T, et al. (2014). Darlington Statement. Available from: <http://darlington.org.au/statement/>

<sup>28</sup> Australian Senate, Community Affairs References Committee (2013). Involuntary or coerced sterilisation of intersex people in Australia. Available from: [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)

<sup>29</sup> Malta. Gender Identity, Gender Expression and Sex Characteristics Act (2018). <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12312&l=1>

two mothers, when there are more than two parents (such as a donor) who is not on a birth certificate, affirming a transgender person by using a their preferred name and personal pronoun even if they have not been able to access legal recognition of these.

Secondly, the use of communication streams such as websites that speak to LGBTI families and communities. In communications, employ more diverse visuals to represent diverse family structures and the use of non-heteronormative language to describe relationships.

Thirdly, reforming procedures of the Family Court to address the financial and administrative strain on applicants seeking court interventions. For example, the Court prefers parties to proceedings have legal representation, which is a costly undertaking. This is particularly relevant relating to applications for sterilisation of intersex children. These matters are heard by a single judge who decides whether to authorise the sterilisation on the basis of arguments put forward by the applicant and other parties to the application. Any appeals of a decision are made to the Full Bench of the Family Court.<sup>30</sup> Intersex advocates A Gender Agenda, argue that “the costs and administrative burden of intervening in proceedings, combined with the traditionally strict approach of the courts to granting leave to intervene, make it unlikely that intersex people will have a voice”<sup>31</sup> in matters of self-determination of their own body.

- Strategies should be resourced and enacted to support lawyers, solicitors and judicial members manage their exposure to distress their clients face in relation not only to the matters at hand, but also their experiences in the courts.
- LGBTI people are not immune to experiencing instances of domestic and family violence. LGBTI relationships do not meet the typical gendered model of violent relationships and as a result, limited professional knowledge exists in relation to LGBTI people’s unique experiences of domestic and family violence. These experiences may include:

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<sup>30</sup> Brady, S. (2001). The sterilisation of girls and young women with intellectual disabilities in Australia: An audit of Family Court and Guardianship Tribunal cases between 1992-1998. Australian Human Rights Commission, Available from: <http://www.humanrights.gov.au/publications/sterilisation>

<sup>31</sup> A Gender Agenda, (2013). Submission to the Senate Standing Committee on Community Affairs. Available from: <http://genderrights.org.au/sites/default/files/u43/SUB%202013%20forced%20sterilisation%20of%20intersex%20people.pdf>

- LGBTI people not being aware that they are being abused by their partner/s. This can lead to underreporting and not accessing the support services they need.
- The use of “outing” or threats to “out” an abused partner as a means of asserting control, especially if the one being abused is not “out” to their friends, family or colleagues.<sup>32</sup>
- The association of abuse or violence with one’s sexual orientation, gender identity or variations in sex characteristics rather than the relationship. People may view the abuse perpetrated against them as a direct result of their sexual orientation, gender identity or variations in sex characteristics.<sup>33</sup>
- An abusive partner may isolate the other from support options including contact with their communities or preventing them from seeing friends or family.<sup>34</sup>
- The lack of understanding of LGBTI people’s experience with domestic or family violence or a reluctance to work with LGBTI people can lead to them feeling further isolated from accessing support.

Family Law professionals should receive training in relation to these issues in order to improve the overall accessibility and responsiveness of the family law system for LGBTI communities.

#### **4. Human rights-based oversight mechanisms**

- As part of the an endorsement of the joint consensus on human rights concerns of the Intersex community, the Darlington Statement<sup>35</sup>, the introduction of a human rights-based oversight mechanism, in the form of an independent decision making body that includes human rights experts and intersex-led organisations, for all cases involving decisions regarding medical interventions to modify the sex characteristics of children. This mechanism must ensure representation of multiple different and named constituencies, including human rights experts and intersex-led organisations.

This decision making body ensures explicit prohibition of deferrable modifications to the sex characteristics of children born with variations of sex characteristics, as well as post facto review of decisions where non-deferrable medical necessity is asserted.

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<sup>32</sup> NSW Government. Domestic Violence: LGBTIQ. Available from: <http://www.domesticviolence.nsw.gov.au/get-help/lgbtiq>

<sup>33</sup> Ibid

<sup>34</sup> Ibid

<sup>35</sup> Darlington Statement. Available from: <http://darlington.org.au/statement/>

This decision making body also ensures discussion of including lifelong health, legal, ethical, sexual and human rights implications of any proposed medical intervention<sup>36</sup>.

- All intersex medical interventions should require authorisation beyond the managing clinicians. This would inevitably lead to an increased volume of cases to be considered by the Courts, raising concerns around whether courts or tribunals would be the most appropriate forum. Therefore, a two tier approach should be considered. This would involve more routine procedures having to adhere to a set of agreed national guidelines before medical interventions are authorised. More complex cases would be considered with the assistance of a national Special Medical Procedures Advisory Committee (SMPAC), as recommended by the Sterilisation report released in 2013.<sup>37</sup> This Committee would be established by the Commonwealth government and have the role of an assessor under section 102B of the *Family Court Act 1975*. This section allows the court to “get an assessor to help it in the hearing and determination of the proceedings, or any part of them or any matter arising under them.”<sup>38</sup> The committee suggested that the SMPAC should be funded and administered by the Department of Health and Ageing and comprise of both medical and non-medical experts, and should include the provision of advice on intersex cases.
- To ensure consistency across the country in cases that have immediate health impacts of the individual concerned, SMPAC should create draft guidelines for the medical interventions for each intersex variation. These guidelines should be then be reviewed regularly and should include the relevant research data and clinical outcomes.
- The decision on whether a referral to the SMPAC is required should be taken by whoever is considering the case. This would normally be a tribunal but, in complex cases, referrals should be from the Family Court. This would ensure objectivity in the decision-making process, and that international best practice is followed.<sup>39</sup>

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<sup>36</sup> *ibid*

<sup>37</sup> Australian Senate, Community Affairs References Committee, *Involuntary or coerced sterilisation of people with disabilities in Australia*, (2013). Available from: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/First\\_Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/First_Report)

<sup>38</sup> *ibid*

<sup>39</sup> Australian Senate, Community Affairs References Committee, (2013). *Involuntary or coerced sterilisation of intersex people in Australia*. Available from: [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)

- The Senate Community Affairs References Committee argued that the flexibility of tribunals is a significant benefit. Tribunals are a more accessible and cost effective option to hear cases involving intersex people. They will also be able to act quickly, and be more responsive to the needs of intersex people and their families.<sup>40</sup>
- Due to some cases involving legal complexity, the Family Court would provide a greater level of expertise. Tribunals should be given concurrent jurisdiction with the Family Court, enabling participants in the case to decide which jurisdiction would best address their needs.<sup>41</sup>

## 5. Embedding the best interests of the child and other human rights principles in the Family Law System

- The case of *Re: Carla (Medical procedure)* [2016] FamCA 7 exemplifies how intersex children's rights of bodily integrity, physical autonomy and self determination have been violated by the Family Law system.

In order for the Family Law System to adequately consider the human rights and bodily autonomy of infants and children who are intersex, and the adverse mental health outcomes associated with medical interventions on these individuals and their families, ALRC should implement the recommendations put forward in the submission from Intersex Human Rights Australia.

- In addition, the ALRC should recommend the integration of international human rights principles into the *Family Law Act 1975*, including the Convention on the Rights of the Child and the Yogyakarta Principles Plus 10. The Alliance refers the ALRC to the Senate Report in 2013, which recommended adopting a human rights-affirming framework for medical interventions on intersex people.

In practice the Family Law System has failed to incorporate the best interests of the child and Australia's international human rights obligations in the context of medical interventions on the intersex bodies of infants and children. The Alliance has been alerted to the hierarchisation of children's rights in the Family Law System and the

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<sup>40</sup> Australian Senate, Community Affairs References Committee, (2013). Involuntary or coerced sterilisation of intersex people in Australia. Available from: [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)

<sup>41</sup> Australian Senate, Community Affairs References Committee, (2013). Involuntary or coerced sterilisation of intersex people in Australia. Available from: [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)

best interests principle being manipulated in an overall attempt to justify medical interventions on intersex people being performed. Interpretations of the best interests principle should not conflict with the child's human dignity and right to physical integrity.<sup>42</sup>

The Alliance would like to thank the Australian Law Reform Commission for the opportunity to provide feedback on the Issues Paper. If you require any further information, please do not hesitate to contact myself on (02) 8568 1123 or via email at [rebecca.reynolds@lgbtihealth.org.au](mailto:rebecca.reynolds@lgbtihealth.org.au), or the Policy and Research team on [policyandresearch@lgbtihealth.org.au](mailto:policyandresearch@lgbtihealth.org.au), to discuss this submission further.



Nicky Bath

**EXECUTIVE DIRECTOR**

**NATIONAL LGBTI HEALTH ALLIANCE**

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<sup>42</sup> Committee on the Rights of the Child. General Comment 13: Article 19: The right of the child to freedom from all forms of violence.(2011).. Report No.: CRC/C/GC/13, para. 54. Available from: <http://undocs.org/CRC/C/GC/13>