

# Response to the Tasmanian Law Reform Institute report on Legal Recognition of Sex and Gender

## Introduction

The following is a detailed response to the recently released Tasmanian Law Reform Institute (TLRI) report on the Legal Recognition of Sex and Gender. A number of individuals and organisations have contributed to this response, some of who appear at the end of this document. We trust that the TLRI will take our comments seriously and respond accordingly as there are potentially long-term damaging consequences for children and adults from some of the suggestions made in the TLRI report, especially, for example, the suggestion that the 'Gillick competence' test be enshrined in law.

## Key issues

### 1. Bias:

The consultation appears to have been a targeted one rather than a broad canvassing of community opinion. It seems it was designed to confirm the authors' assessment of the issues detailed in Issues Paper No. 29 released in 2019 (following passage of the Justice and Related Legislation (Marriage and Gender Amendments) Act 2019).

Specifically, girls and women, and parents, from the general community were not consulted. Also, there appears to be no wide-ranging consultation with psychologists – apart from the Australian Psychological Society, which is blatantly pro-transgenderism, and just one psychiatrist. At a minimum the National Association of Practising Psychiatrists should have been consulted.

The only organisations given an opportunity to advise the TLRI in person were the Department of Health's Sexual and Reproductive Health Collaborative Group (the membership of which was not specified) and an ephemeral community group that appears no longer to exist, Tasmanian Families for Trans Kids. It would assist assessment of the final report if members of the Sexual and Reproductive Health Collaborative Group, as it is currently constituted, were listed

There was totally inadequate consideration of the range of extant medical views on the management of transgender identifying adults, children and young people. The TLRI report asserts a purely legalistic/'human rights'<sup>1</sup> approach to the issues, but without comprehensive analysis of medical science, how can they reliably advise on policy with regard to medical and/or surgical interventions for trans people.

*The TLRI acknowledges the diverse range of views regarding medical treatment for transgender youth. It also reiterates that its approach necessarily references human rights principles, which requires that all Tasmanians are treated equally and no one part of the community is subject to unnecessary legal burdens not shared by the rest.<sup>2</sup>*

On this point, Michelle Uriarau of the Women's Action Group notes that –

*There is no other medical condition where children get to self-diagnose - and be taken seriously. None whatsoever. Which is, of course, how it should be, especially when there is a lack of robust and well-tested evidence. There is NO dignity in any gender clinic or medical professional remaining silent on this matter especially when coming under the scrutiny of their peers. The Australian people deserve far better than this overt and abysmal excuse for medical ethical and moral responsibility. For goodness sake, take your Hippocratic oath as seriously as the Australian public do! Protect the lives of children instead of exploiting them, all for a political agenda.<sup>3</sup>*

## 2. Lack of community consultation:

There are problems with almost all the recommendations in the TLRI's final report, dated June 2020, mainly due to a lack of community consultation. The entire report, and the consultation process, seems to have been focused on input from the trans community, to the exclusion of general community concerns.

There is an implicit assumption in the report that people who are not part of the transgender community are not affected. This is not the case. They are affected, and between 71% and 95% of Tasmanians opposed the changes to birth certificate registration, in particular<sup>4</sup>.

This limitation in perspective affects the whole report. The following statement in the TLRI's report is an admission of its limited perspective –

*The TLRI is also mindful that law reform in this area will most significantly affect the lives of trans and gender diverse youth, and concomitantly, the wider trans and gender diverse community.<sup>5</sup>*

## 3. Reliance on gender stereotypes:

Gender stereotypes are vague, and variable over time and within different cultures. These stereotypes are fundamental to the whole issue of gender dysphoria and gender transitioning. They need to be carefully deconstructed, not used as a basis for asserting members of one sex can legally become members of the opposite sex because that is how they 'feel'.

Further, it is difficult to understand how the term 'gender' can be used consistently and accurately at law when it is a 'moving feast' of stereotypes, ambiguities and preconceptions - see, for example, Emma Jung<sup>6</sup>.

## 4. Gender is not defined:

Gender is undefined in the report. Stating that 'there is increasing social and legal recognition of gender diversity as existing across a broad spectrum'<sup>7</sup>, which is arguably incorrect, does not define gender. Sex is a biological, scientific fact. Gender is a highly variable social construction that has no standing within science. This is clear in the statement that gender is 'a person's deeply felt sense of being a man, a woman, both, in between, or something other', and is reflected in the definition of 'gender' now included in Tasmanian law<sup>8</sup>. It is akin to a person saying they have a deeply felt sense of being a wombat<sup>9</sup>.

## 5. Definition of sex:

As recommended in the submission from Women Speak Tasmania a definition of 'sex' should be introduced into the Births, Deaths and Marriages Registration Act 1999. In the absence of a clear definition of 'sex' in the BDMRA, the differentiation between sex and gender at law will continue to be problematic.<sup>10</sup> Confusion about sex and gender also appears in the TLRI report with respect to birth certificates.

An appropriate definition of sex is that which was in the Anti-Discrimination Act 1977 NSW, section 23, and the federal Sex Discrimination Act 1984 until removed in 2013 –

*man* means a member of the male sex irrespective of his age.

*woman* means a member of the female sex irrespective of her age.

## 6. Intersex:

Another term that is often misused is 'intersex'. It does not refer to transgender individuals but to those who have identified biological cross-sexual issues, which fortunately are very rare. In fact, more than 99.98% of humans are unambiguously identified as either male or female at birth<sup>11</sup>. Trans activists often misuse this term to justify their arguments.

As noted by Women Speak Tasmania –

*... research suggests that truly ambiguous genitalia in infants is VERY rare. It is mostly associated with a condition called Congenital Adrenal Hyperplasia (CAH) as it occurs in female infants. Diagnosis and medical treatment is necessary from birth because there is a form of the condition - salt wasting CAH - that can cause very serious medical complications. With modern technology, all babies with ambiguous genitalia can be identified as male or female with karyotype testing, but this is rarely necessary.*

*Some intersex conditions e.g. Androgen Insensitivity Syndrome (AIS), are not apparent until puberty. AIS people are phenotypically female at birth - they appear exactly the same as female infants. They are XY males but because their cells are insensitive to androgen hormones (testosterone) they do not develop primary or secondary male characteristics. The condition is generally only discovered when they fail to menstruate in adolescence.*

*Some people have one of several known chromosomal anomalies, but if they have a Y chromosome anywhere in the mix they are male.*

*There have been reported cases of people with a chromosomal make-up that is 'chimeric' – both XX and XY cells present in a single individual. These infants can present with ambiguous genitalia, but the condition is so rare, most known cases have been documented in medical literature. They do not support the assertion that 'sex is a spectrum'.*

*The trans lobby has promoted expansion of the category 'intersex' to include conditions like hypospadias (incomplete closure of the penile shaft to varying degrees), but infants with this condition are always clearly male. Perhaps the intention is to co-opt more 'intersex' people to the cause. If they used a narrower, more accurate definition, intersex people wouldn't be a big enough group to be worthwhile.*

*Finally, intersex people are not the same as trans people, and many intersex groups worldwide actively resist inclusion in the trans movement. Using them as a cover for discussions about genital surgeries for children is nothing but outright manipulation.<sup>12</sup>*

7. Birth certificates record sex, not gender:

If gender, which is fluid and changeable, is to be recorded on birth certificates then it should be a separate category, along with sex. Sex is immutable and cannot be changed; gender can change on an emotional whim, and, under the new laws, those changes can occur several times in the lifetime of an individual.

8. Errors of fact:

This includes –

- a. mis-statements attributed to some of the written submissions, e.g., Feminist Legal Clinic<sup>13</sup> and Geoff Holloway<sup>14</sup>;
- b. mis-statements about the current situation in the UK<sup>15</sup>; and
- c. the statement that ‘allowing trans and gender diverse children to change their gender will have significant mental health benefits for them’<sup>16</sup> is highly contested by medical evidence.

9. Human rights, the tyranny of a very small minority:

The TLRI final report is based on the objective of changing all relevant laws for just 0.01% of the community with no consideration of the rights of the rest, especially for girls and women.<sup>17</sup>

10. The Yogyakarta Principles:

These principles are mentioned throughout the TLRI report but it is misleading to imply that they have legal status –

*...[T]he Yogyakarta Principles have no legal force either internationally or within Australia. They were developed by a group of human rights experts rather than being an agreement between States (Federal Attorney-General’s Department).<sup>18</sup>*

11. Consequences:

The assertion that there are no consequences flowing from allowing self-identified changes to the sex or ‘gender’ recorded on birth certificates is not borne out by the evidence from overseas. There are numerous accounts of self-identified male to female trans persons (transwomen) entering female spaces, especially female prisons, and assaulting female people.<sup>19</sup>

12. Research data:

- a. Sociologically, sex is a key independent variable related to a very wide range of quantitative data, such as crime statistics, health and illness, child protection, domestic violence, and morbidity and mortality. ‘Gender’ is far too subjective and ambiguous and therefore of little scientific value for understanding these areas. Contrary to what is implied in the TLRI report<sup>20</sup>, the Australian Bureau of Statistics will not be collecting gender data in its next Census.

- b. The unsubstantiated claim in para. 2.4.31 of the report, that ‘gathering sex data rather than gender data may result in poor policy development’ is incorrect from a sociological perspective, especially as we are talking about much less than 1% of the community.
- c. The Feminist Legal Clinic notes that crime statistics will be skewed as a result of an increase in males registering their gender as female. Men, statistically, are far more likely to commit violence and ‘If a violent person who was assigned male at birth but now identifies as female under the amended BDMR Act commits a further violent act, the offence will be recoded as having been committed by a female’.<sup>21</sup>
- d. Another unsubstantiated claim in the TLRI report – ‘At a population level, transwomen are more likely to be victims of violence than perpetrators’. This is simply not true.<sup>22</sup>

13. Appropriated, abusive language:

- a. Use of the term ‘cisgender’<sup>23</sup> is deeply offensive to women who consider themselves to have an identity - ‘woman’ - that does not exist merely as a counterpoint to those who identify as transgender. I respectfully request its removal from the report.
- b. Related to this is the use of euphemistic language in paragraph 2.5.22 of the report - ‘men behaving badly in women’s spaces or public facilities’. ‘Men behaving badly’ is criminal assault!

14. Logic:

Paragraph (2.5.24) of the report states - ‘No evidence was provided that supports the view that jurisdictions that have adopted self-identification gender laws have experienced any increase in assaults against women by trans and/or gender diverse people.’ The Feminist Legal Clinic provided evidence of assaults perpetrated by trans identified men (transwomen), and much more has been accumulating over the past year. Self-identification gender laws merely increase the opportunities for such assaults and intimidation to occur.

15. Enshrining ‘Gillick competence test’ in law:

‘For children under 16, the TLRI recommends that Gillick competence be enshrined in legislation.’<sup>24</sup> This is possibly the most objectionable part of this report. The flawed logic/fallacies in this totally subjective test have been described extensively – see here (with the endorsement of a human rights lawyer, Paul Conrathe, in the UK)<sup>25</sup>.

To summarise, the ‘Gillick competence test’ is flawed in logic and in terms of the ‘best interests of the child’ in that:

- a. *(it) is essentially subjective, is used by judges and health professionals to identify children aged under 16 who can demonstrate sufficient maturity and intelligence to understand and appraise the nature and implications of any proposed treatment, including the risks and alternative courses of actions.*
- b. *‘Gillick competence’ is not determined by any psychometric tests. Most children and adolescents presenting with a desire to change gender suffer from a range of mental health issues (up to 96 per cent<sup>1</sup>), and high rates of autism spectrum*

*disorder have been diagnosed in this cohort. It is hard to imagine how such children and young people can be routinely assessed as 'Gillick competent'.<sup>26</sup>*

Also, as As Brunskell-Evans<sup>27</sup> points out, a child or young person cannot truly give informed consent to therapeutic treatment because –

- *The medical consequences are extremely complex, and a child (or young person) will have little or no cognisance of a future in which he or she may come to regret lost fertility or the lack of organs for sexual pleasure*
- *In contrast to the staggeringly naïve proposition that the child (or young person) can give consent if he or she has been free from external pressures in the decision-making process, the competent 'consenting' child is an ontological figure, brought into being and continuously shaped and re-shaped by the fast-evolving social and political landscape of disputed biological truths, the hegemony of queer theory, trans affirmative lobbying and the trans activism.*

Brunskell-Evans simplifies this, following Laidlaw, by asking the question –

*How can a child, adolescent or even parent provide genuine consent to such treatment? How can the physician ethically administer gender affirming therapy, knowing that a significant number of patients will be irreversibly harmed?<sup>28</sup>*

16. Overall, the TLRI report is seriously flawed and misleading. Also, it is interesting the timing of its release – timed to influence the Australian Health Ministers' Advisory Council meeting on 24 June 2020?

## **Other issues concerning particular recommendations**

### **Recommendation 1**

"The Tasmanian Government publish information resources and fund community awareness and education activities regarding amendments to the *Births, Deaths and Marriages Registration Act 1999* (Tas)."

- To this should be added funding community awareness about the differences between sex and gender as these terms are poorly understood by the general community and are deliberately obfuscated by the transgender community and their affiliates.

### **Recommendation 2**

"The Long Title of the *Births, Deaths and Marriages Registration Act 1999* (Tas) be replaced by the following: An Act to provide for the registration of births, deaths and marriages and to provide legal recognition for trans and gender diverse Tasmanians and those with intersex variations of sex characteristics."

- The implication of this recommendation is that legal recognition of girls/women and boys/men should be excluded, so that they become unrecognized and/or invisible compared to the minuscule percentage of the community that identifies as transgender or who are intersex.

### **Recommendation 4**

"The Registrar of Births, Deaths and Marriages develop and publish guidelines addressing:

- what the Registrar should, and should not, consider in assessing and exercising their discretion to refuse applications;
- what additional information can and cannot be requested;

- guidance as to relevant factors to be considered in satisfying themselves regarding a child's 'will and preference', including the child's capacity to understand"
  - This excludes parents'/carers' will and preference, which is contrary to parental rights as outlined in the UN Convention on the Rights of the Child<sup>29</sup>.
- "the circumstances in which counselling should be requested, and the circumstances in which counselling is considered unnecessary"
  - Counselling should be compulsory
- "a regularly updated list of gender descriptors, with a notation that the list is a guide rather than an exhaustive list" –
  - List of 'gender descriptors'? This should be interesting as they are based on psycho-socio-cultural stereotypes that vary greatly over time and between cultures and generations – see, for example, Emma Jung<sup>30</sup>.
- "information and referral details that should be provided to applicants when the Registrar requests further information or evidence or rejects an application. The TLRI recommends that these guidelines be developed in consultation with the trans, gender diverse and intersex communities, the Commissioner for Children and Young People"
  - Again parents/carers are ignored.

"The TLRI recommends that these guidelines be subject to regular review to ensure they are responsive to developments in the law, society and needs of the relevant communities."

- The broader Tasmanian community was never consulted on these changes.

### **Recommendation 5**

"The Tasmanian Government conduct an audit of:

- all government and statutory board composition requirements; and
- eligibility criteria for grant programs to clarify whether selection is intended to be on the basis of sex or gender."

- This could be interesting given the obfuscation of sex and gender.

### **Recommendation 6**

"The Tasmanian Government enact all recommended reforms identified in Column 3 of Appendix 3 to ensure that the terms 'sex' and 'gender' are used consistently and accurately and in accordance with the definitions introduced or amended by the Justice and Related Legislation (Marriage and Gender Amendments) Act 2019 (Tas)."

- It is extremely hard to see how the term 'gender' can be used consistently and accurately when it is a 'moving feast' of stereotypes, ambiguities and preconceptions.

### **Recommendation 7**

"The *Criminal Code* should be reformed to criminalize non-consensual medical interventions" so that "Any person who performs a surgical, hormonal or other medical intervention to alter or modify the sex characteristics of a child is guilty of a crime, unless" – "it is performed to address a clear danger to the life or health of the child and it cannot be deferred until the child is able to give informed consent" or "it takes place with the informed consent of the child'.

- This means surgeries and hormone treatments that could improve a child's quality of life but would need to be performed before the child can give informed consent will now be illegal, unless they are life-saving. This is not an ideal result. It would be preferable to legislate for the mandatory involvement of an approved multi-disciplinary team in the care of an intersex infant from birth. This makes more sense, given medical technology and testing now makes it possible for the type of intersex condition in an individual infant to be readily identified in the majority of cases.
- Also, the incidence of intersex births is very low, with rates varying quite considerably depending on the chosen definition of 'intersex'. An accurate definition, or at least a clear classification of intersex conditions to guide medical professionals, would be beneficial.
- The leading US based advocacy group for persons with Differences of Sex Development (DSDs), the Accord Alliance<sup>31</sup> - firmly supports a management approach that includes medical practitioners, psychologists, social workers and the parents of DSD infants - a multi-disciplinary team. The aim of this approach is to give the child an optimal quality of life, and this may mean hormone treatments or surgeries while they are still infants or very young children. Criminalising all such treatments if they do not address a life-threatening condition could compromise the ultimate quality of life of intersex infants and young children.

### **Recommendation 8**

"That intersex people should be able to pursue claims for compensation for personal trespass and breach of professional duty against doctors where medical interventions to alter intersex variations of sex characteristics have resulted in physical or mental harm, irrespective of any parental consent to the intervention at the time it was performed. Provision to this effect should be made in the *Civil Liability Act 2002* (Tas). The informed consent of the child on whom the intervention is performed should provide a defence in such cases. However, consent itself should not be a defence if the intervention was performed negligently and the child did not voluntarily assume the risk of such negligence. The primary remedy should be compensatory damages for harm caused by any medical intervention to alter sex characteristics that did not satisfy the relevant factors."

- Medical and associated staff should equally be held legally accountable for any negative effects of assisting/encouraging medical/surgical transitioning for children and adolescents.

### **Recommendation 9**

The Tasmanian Government enact a *Consent to Medical Treatment Act* that covers the field with respect to children's consent to medical care. The TLRI recommends that this Act should enable a child of 16 years or older to obtain medical treatment and undergo surgical procedures when they consent to treatment and surgical procedures. For children under 16, the TLRI recommends that *Gillick* competence be enshrined in this Act. The South Australian *Consent to Medical Treatment and Palliative Care Act 1995* may provide useful guidance in this regard. The TLRI does not recommend that counselling be a mandatory precondition to children receiving medical treatment or undergoing surgical procedures.

- see earlier for a detailed critique of 'Gillick competence test'<sup>32</sup>. Also, how does the TLRI propose that a common law test that is, by its very nature, case-specific, be codified so that it can be applied consistently in all cases?

Geoff Holloway (Dr.)  
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1 July 2020

Co-signed:

Joanna Pinkiewicz, Women Speak Tasmania  
Michelle Uriarau, Co-founder Women's Action Group, South West Victoria  
Bronwyn Williams, Co-convenor, Feminist Legal Centre  
Katherine Deves, Student-at-Law NSW  
REAL 4 Women  
Judith Hunter, Convenor, Group for Australian Parents Questioning Gender  
Janet Fraser, National Convenor, Australian Homebirth Network

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<sup>1</sup> 'Human rights' are considered in the TLRI report to be at the exclusion of the human, sex-based rights of girls and women.

<sup>2</sup> TLRI final report, June 2020, 3.6.40

<sup>3</sup> Women's Action Group, Facebook page, 24 June 2020, and personal communication.

<sup>4</sup> For example, EMRS survey conducted in December 2019 found 71% of Tasmanians were opposed to the birth certificate changes. Another poll, conducted by radio program Tasmania Talks, with over 10,000 votes, showed 95% of Tasmanians opposed to these changes (29 October 2018).

<sup>5</sup> TLRI final report, June 2020, 3.6.41

<sup>6</sup> [https://www.academia.edu/30468587/Emma\\_Jung\\_-\\_Animus\\_and\\_Anima](https://www.academia.edu/30468587/Emma_Jung_-_Animus_and_Anima) (originally published in 1957)

<sup>7</sup> TLRI final report, June 2020, Page 9

<sup>8</sup> TLRI final report, June 2020, ditto - Page 11

<sup>9</sup> <https://www.independent.co.uk/news/world/americas/stefonknee-wolschtt-transgender-father-leaves-family-in-toronto-to-start-new-life-as-a-six-year-old-a6769051.html>  
<https://thebridgehead.ca/2018/01/29/trans-age-pedophile-defends-himself-by-claiming-that-hes-trapped-in-a-nine-year-olds-body/>

<sup>10</sup> ditto - Page 18, TLRI final report, June 2020

<sup>11</sup> <https://www.leonardsax.com/how-common-is-intersex-a-response-to-anne-fausto-sterling/>

<sup>12</sup> Bronwyn Williams, personal communication, 27 June 2020

<sup>13</sup> TLRI final report, June 2020, 2.3.23 – The Feminist Legal Centre would never use the term 'cisgender' as it is a derogatory and vexatious term used by trans activists to demean girls and women.

<sup>14</sup> TLRI final report, June 2020, See 3.6.31

<sup>15</sup> TLRI final report, June 2020, 2.2.109

<sup>16</sup> TLRI final report, June 2020, 2.2.142, 'Dr Holloway's view that the Treatment Guidelines were flawed and failed to require that doctors exercise caution in cases where young patients exhibited signs of depression' is not what he wrote, rather he referred to all mental illnesses plus the failure of the medical profession to adhere to their principle of 'first, do no harm'.

<sup>17</sup> <https://www.sbs.com.au/news/law-reform-body-finds-tasmania-s-transgender-laws-working-well-recommends-changes-to-stop-non-consensual-surgery>

<sup>18</sup> Federal Attorney-General's Department, 3.41, Senate Legal and Constitutional Affairs Legislation Committee Report on the Sex Discrimination Bill 2013, 21 May 2013

<sup>19</sup> as pointed out in submissions, TLRI final report, June 2020 – see 2.5.13.

<sup>20</sup> TLRI final report, June 2020, pages 53-54

<sup>21</sup> TLRI final report, June 2020, 2.4.37

<sup>22</sup> TLRI final report, June 2020, 2.4.38

<sup>23</sup> TLRI final report, June 2020, Pages 37, 46, 68,

<sup>24</sup> TLRI final report, June 2020, 3.6.45

<sup>25</sup> (1) [https://www.academia.edu/41477540/THE\\_FLAWED\\_LOGIC\\_and\\_EVIDENCE\\_WITH\\_RESPECT\\_TO\\_BEST\\_INTERESTS\\_AS\\_APPLIED\\_TO\\_GENDER\\_TRANSITIONING\\_OF\\_CHILDREN\\_and\\_ADOLESCENTS](https://www.academia.edu/41477540/THE_FLAWED_LOGIC_and_EVIDENCE_WITH_RESPECT_TO_BEST_INTERESTS_AS_APPLIED_TO_GENDER_TRANSITIONING_OF_CHILDREN_and_ADOLESCENTS) and here - (2) [https://www.academia.edu/43351269/Gender\\_Transitioning\\_among\\_Children\\_and\\_Adolescents\\_-\\_call\\_for\\_a\\_national\\_inquiry\\_in\\_Australia](https://www.academia.edu/43351269/Gender_Transitioning_among_Children_and_Adolescents_-_call_for_a_national_inquiry_in_Australia)

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<sup>26</sup> [https://www.academia.edu/41477540/THE\\_FLAWED\\_LOGIC\\_and\\_EVIDENCE\\_WITH\\_RESPECT\\_TO\\_BEST\\_INTERESTS\\_AS\\_APPLIED\\_TO\\_GENDER\\_TRANSITIONING\\_OF\\_CHILDREN\\_and\\_ADOLESCENTS](https://www.academia.edu/41477540/THE_FLAWED_LOGIC_and_EVIDENCE_WITH_RESPECT_TO_BEST_INTERESTS_AS_APPLIED_TO_GENDER_TRANSITIONING_OF_CHILDREN_and_ADOLESCENTS)

<sup>27</sup> Brunskell-Evans, H. The Tavistock: Inventing 'The Transgender Child'. In *Inventing Transgender Children and Young People*, Ed. M. Moore & H. Brunskell-Evans, Cambridge, 2019, page 35.

<sup>28</sup> Ibid.

<sup>29</sup> see [https://www.academia.edu/41477540/THE\\_FLAWED\\_LOGIC\\_and\\_EVIDENCE\\_WITH\\_RESPECT\\_TO\\_BEST\\_INTERESTS\\_AS\\_APPLIED\\_TO\\_GENDER\\_TRANSITIONING\\_OF\\_CHILDREN\\_and\\_ADOLESCENTS](https://www.academia.edu/41477540/THE_FLAWED_LOGIC_and_EVIDENCE_WITH_RESPECT_TO_BEST_INTERESTS_AS_APPLIED_TO_GENDER_TRANSITIONING_OF_CHILDREN_and_ADOLESCENTS)

<sup>30</sup> [https://www.academia.edu/30468587/Emma\\_Jung\\_-\\_Animus\\_and\\_Anima](https://www.academia.edu/30468587/Emma_Jung_-_Animus_and_Anima) (originally published in the 1957)

<sup>31</sup> <http://www.accordalliance.org/>

<sup>32</sup> [https://www.academia.edu/41477540/THE\\_FLAWED\\_LOGIC\\_and\\_EVIDENCE\\_WITH\\_RESPECT\\_TO\\_BEST\\_INTERESTS\\_AS\\_APPLIED\\_TO\\_GENDER\\_TRANSITIONING\\_OF\\_CHILDREN\\_and\\_ADOLESCENTS](https://www.academia.edu/41477540/THE_FLAWED_LOGIC_and_EVIDENCE_WITH_RESPECT_TO_BEST_INTERESTS_AS_APPLIED_TO_GENDER_TRANSITIONING_OF_CHILDREN_and_ADOLESCENTS)