

SUBMISSION OF THE WILBERFORCE FOUNDATION RELATION TO THE *CONVERSION PRACTICES PROHIBITION BILL 2026 (TAS)* (Bill)

Introduction

The Wilberforce Foundation is a coalition of practising lawyers and academics dedicated to the preservation of common law rights and freedoms. The foundation is particularly interested in the Bill as proposed a profound intrusion into parental rights, professional and religious freedom. It is particularly misplaced in Tasmania which is the only state that has a constitutionally guaranteed freedom of conscience and the free profession and practice of religion, subject only to laws for 'public order and morality'.¹ The Bill is neither.

The Bill is outdated and is likely to be harmful to Tasmanian children. Recently Children's Health Queensland said, *inter alia*,

In 2025, in accordance with the Health Service Directive titled 'Treatment of Gender Dysphoria in Children and Adolescents with Hormone Therapy' dated 28 January 2025 and Ministerial Directions titled 'Treatment of Gender Dysphoria in Children and Adolescents with Hormone Therapy' dated 28 October 2025 and 15 January 2026, the State Government effected a temporary pause on the use of puberty blockers and cross-sex hormones in the treatment of new patients in Hospital and Health Services across Queensland.

CHQ HHS acknowledges that health practitioners must take a clinical approach to the treatment of gender dysphoria that focuses on the best available research and the child's best interests rather than directing a child down a pre-determined treatment pathway. Health practitioners must employ a holistic clinical approach that comprehensively assesses all relevant factors – including any comorbidities or other mental health conditions – and use information gathered from that process to determine the best available mode of treatment and care for the patient.²

It is the holistic approach to care that this Bill will stifle. The Cass Review said:

The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health. The effect on cognitive and psychosexual development remains unknown.

¹ S. 46 *Tasmanian Constitution Act 1934*. This provision predated the *Universal Declaration of Human Rights* and the *International Covenant on Civil and Political Rights*.

² <https://www.childrens.health.qld.gov.au/about-us/news/media-releases/statement-from-childrens-health-queensland-hospital-and-health-service> .

The use of masculinising / feminising hormones in those under the age of 18 also presents many unknowns, despite their longstanding use in the adult transgender population. The lack of long-term follow-up data on those commencing treatment at an earlier age means we have inadequate information about the range of outcomes for this group.

Clinicians are unable to determine with any certainty which children and young people will go on to have an enduring trans identity. For the majority of young people, a medical pathway may not be the best way to manage their gender-related distress. For those young people for whom a medical pathway is clinically indicated, it is not enough to provide this without also addressing wider mental health and/or psychosocially challenging problems.³

Importantly the Cass Review made it clear that psychotherapy is not conversion or aversion therapy. This legislation will practically burden such therapy. In *Re Devin*⁴ Strum J noted that Victorian legislation may be a reason that:

it may explain some of the difficulties encountered by the father and the Independent Children's Lawyer who oppose the mother's case, in relation to obtaining both expert evidence for these proceedings and alternative treatment proposals for the child.⁵

The problems of this Bill are:

- It will prevent parents and families talking to sex/gender confused children (the reference to parents being able to talk to their children is only if it is not a conversion practice-it is a circular provision);
- The Bill will criminalise discussions in homes;
- It will have a chilling effect on clinicians who wish to care for sex confused children with holistic care;
- It is contrary to developments in Finland, Sweden, Norway, France and the UK;
- The Bill abrogates the right of self-incrimination (clause 40);
- Creates an offence where no harm occurs (clause 10).

The Bill is far worse than the Liberal Government's proposed Bill the *Justice Miscellaneous (Conversion Practices) Bill 2024*.

Summary of Provisions

- **Clause 4 -Definitions:**

³ <https://cass.independent-review.uk/home/publications/final-report>

⁴ [2025] FedCFamC1F 211.

⁵ At [18].

- injury means physical injury or harm to mental health, which includes psychological harm but not an emotional reaction unless it results in psychological harm (psychological harm is not defined, hence this is a circular definition);
- Sexual orientation and gender identity have the same meanings as in the *Anti-Discrimination Act 1998* (the definitions open ended which is poor for a Bill which purports to impose criminal liability);
- **Clause 5-Meaning of Conversion Practice:**
 - means a practice or conduct directed towards a person, whether with **or without the person's consent** – (a) on the basis of the person's sexual orientation or gender identity; and (b) for the purpose of – (i) changing, suppressing or eradicating the sexual orientation or gender identity of the person; or (ii) inducing the person to change, suppress or eradicate their sexual orientation or gender identity (The Bill is likely to prevent Tasmanian detransitioners obtaining assistance).⁶
 - Exclusion of health service provided by a registered health practitioner carried out in the registered health practitioner's reasonable professional judgement complies with all relevant legal, professional and ethical requirements.
- **Clause 9-Offence -engaging in one or more conversion practices that cause injury-no penalty prescribed;**
- **Clause 10-Conversion practices directed towards a child (no harm required)-no penalty prescribed;**
- **Clauses 11 and 12 -Offences of taking a person and a child out of Tasmania for conversion practices;**
- **Clause 13-Offence of advertising conversion practices** (this is likely to stop clinicians advertising that they provide holistic care for children);
- **Part 3-Functions of the Anti-Discrimination Commissioner**-the Commissioner has wide powers to commence investigations etc and even to issue practice guidelines (so render otiose any protection given to health practitioners by clause 5).

⁶ See Mel Jeffries Story <https://www.facebook.com/watch/?v=1150656549364174>

- **Part 4 -Civil Response Scheme**-the Commissioner may on receiving a report from a person who **may or may not** be affected by a conversion practice is given full powers including in relation to the production of documents, examinations and the abrogation of the privilege against self -incriminate (This is a fundamental abrogation of a common law freedom).
- **Part 5 Remedies** -the Commissioner may obtain undertakings and issue compliance notices.

Existing Laws

Tasmania has a comprehensive body of criminal and civil law prohibiting assault, threats, coercion, stalking, child abuse, unlawful imprisonment, intimidation and professional misconduct.

Conclusion

The Bill is poorly drafted Bill which is an attack on the rights of parents, clinicians and other counsellors. It is too hard to amend and should be rejected.

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