

SUBMISSION

Conversion Practices Prohibition Bill 2026

(Consultation Draft)

Tasmanian Greens

Submitted by

Women Speak Tasmania

<https://womenspeaktas.au/>

27 July 2026

1. Introduction

Women Speak Tasmania is a secular, independent women's rights organisation. We advocate for the sex-based rights of women and girls, the safeguarding of children, and evidence-based public policy. Our members include teachers, health professionals, lawyers, academics, mothers, and same-sex attracted women. We are not aligned with any political party or religious organisation.

We thank the Tasmanian Greens for the opportunity to comment on the consultation draft of the Conversion Practices Prohibition Bill 2026. Submissions close on 31 July 2026.

Our position is clear and consistent with the evidence: **we support a targeted prohibition on conversion practices directed at sexual orientation. We strongly oppose the inclusion of gender identity within the same legislative framework.**

Extending the ban to gender identity will not protect vulnerable people. It will restrict clinical exploration, pressure affirmation as the default response to gender distress, place parents and clinicians at legal risk, and risk converting same-sex attracted young people—especially girls—onto medical pathways. This is the opposite of safeguarding.

2. Support for protections relating to sexual orientation

We recognise the documented history of harmful practices aimed at changing or suppressing same-sex attraction. These practices lack scientific validity and have caused lasting psychological harm. A clear, targeted prohibition on such practices is supportable.

Lesbians form a core part of our constituency. We have no difficulty supporting legislative measures that prevent coercive or deceptive attempts to eradicate same-sex attraction. The criminal code and professional regulation already address many of the most extreme historical practices; a modern, carefully drafted civil and criminal response can close remaining gaps without creating new harms.

3. Core objection: inclusion of gender identity

Gender identity is not equivalent to sexual orientation. Sexual orientation refers to patterns of attraction that are largely stable. Gender identity, as defined in the Anti-Discrimination Act 1998 and adopted by this Bill, is a subjective sense of self relating to appearance, mannerisms and expression. It is circularly defined, potentially fluid, and is the subject of intense clinical and scientific debate.

The Bill treats the two concepts as interchangeable. It applies the same purpose test, the same consent-irrelevance rule, the same child-protection offences, and the same principles to both. This is a category error with serious practical consequences.

Section 8 of the Bill states that “no sexual orientation or gender identity constitutes a disorder, disease, illness, deficiency or shortcoming” and that a person’s sexual orientation or gender identity “is not broken and does not require fixing, changing or suppression.” These statements go beyond the DSM-5-TR. The DSM distinguishes gender nonconformity (which is not a disorder) from gender dysphoria (clinically significant distress arising from incongruence). By embedding a legislative principle that identity itself requires no clinical exploration, the Bill risks constraining the very assessments that many clinicians and systematic reviews regard as necessary.

4. Evidence of harm from the gender-identity limb

4.1 Victorian experience

Victoria’s Change or Suppression (Conversion) Practices Prohibition Act 2021 is the closest analogue to the present Bill. Its practical effects on gender-distressed patients have been documented:

- Clinicians report a chilling effect. The Clinical Advisory Network on Sex and Gender has stated that many therapists in Victoria have stopped treating people with gender dysphoria for fear of being accused of conversion practices.
- In *Re: Devin* [2025] FedCFamC1F 211, the Court recorded that a father contacted hundreds of therapists without finding one in Victoria willing to provide non-affirmative or exploratory care for a gender-distressed child. A paediatrician gave evidence that she was unaware of any Victorian practitioners offering such approaches.
- Professional bodies (including AMA Victoria and the RACGP) have raised concerns that routine clinical caution—discussion of risks and benefits, differential diagnosis, or referral for exploratory therapy—may be misinterpreted as suppression practices.

4.2 International evidence reviews

Independent systematic reviews in the United Kingdom (Cass Review), Finland, Sweden, Norway, Denmark and elsewhere have led health authorities to move away from routine medicalisation of gender-distressed minors toward comprehensive psychological assessment and exploratory care. The Cass Review specifically criticised the tendency to equate inquiry into underlying mental-health issues with conversion therapy. The United Nations Special Rapporteur on violence against women and girls has warned that conversion-therapy legislation must not prevent holistic support or make medical transition the only option that can safely be discussed.

4.3 Same-sex attracted young people and girls

A substantial proportion of young people presenting with gender dysphoria are same-sex attracted. Rapid-onset cases, particularly among adolescent females, have risen sharply. Exploratory therapy that examines the interaction of same-sex attraction, trauma, autism, social influence and distress is precisely the kind of care most at risk under a broad gender-identity conversion ban. The result can be the medicalisation of same-sex attracted

youth—especially lesbians—under the guise of gender affirmation. This is a form of conversion that the Bill does not address and may facilitate.

5. Specific problems in the 2026 draft Bill

5.1 Definition of conversion practice (section 5)

The definition is purpose-based and applies whether or not the person consents. It covers any practice or conduct directed toward changing, suppressing or eradicating sexual orientation or gender identity, or inducing a person to do so. The exclusions for medical practitioners, identity exploration, religious expression and parental discussion are all qualified by the phrase “provided the conduct is not engaged in as part of a conversion practice.” This circular qualifier leaves the exclusions fragile. Any exploratory conversation that a complainant later characterises as aimed at change can be brought within the prohibition.

5.2 Principles (section 8)

The principles are not neutral drafting aids. They instruct the Commissioner and courts that gender identity does not require fixing or exploration. This will shape the interpretation of “clinically appropriate” care under the health-service exclusion and of “genuinely facilitating... identity exploration.” In practice it privileges affirmation and disadvantages exploratory approaches.

5.3 Child offences and consequential amendments

Sections 10 and 12 create indictable offences for conversion practices directed at a child without any requirement to prove injury. Schedule 1 and Schedule 2 then expand the definition of “child abuse” in the Limitation Act 1974 and the Civil Liability Act 2002 to include conversion practices directed toward a child. These provisions dramatically raise the legal stakes for any clinician, parent, teacher or counsellor who questions or explores a child’s asserted gender identity. They go beyond the Victorian model in important respects.

5.4 Civil scheme and Commissioner powers

Any person may make a report. The Commissioner may investigate serious or systemic matters, compel information and attendance, and issue compliance notices or accept enforceable undertakings. Identity-protection directions can shield reporters. While natural justice requirements exist, the combination of open standing, compelled evidence and a low threshold for investigation creates significant process risk for parents and clinicians acting in good faith.

5.5 Limited Tasmanian evidence base

The Tasmania Law Reform Institute 2022 report relied primarily on submissions: approximately 46 reported offers or experiences of conversion practices, and 19 described harms. There is no population prevalence study and no record of prosecutions. Most described practices were religious or informal rather than clinical. This evidence base does not justify a sweeping gender-identity prohibition that will constrain ordinary therapeutic and parental responses to gender distress.

6. Recommendations

Primary recommendation: Remove gender identity from the definition of “conversion practice,” from the objects and principles of the Act, from the criminal offences, from the civil response scheme, and from the consequential amendments to the Limitation Act and Civil Liability Act. Confine the legislation to sexual orientation.

If gender identity is retained despite the evidence of harm, the following minimum safeguards are essential:

1. **Explicit safe harbour for exploratory care:** Insert a clear provision that professional psychological assessment, differential diagnosis, treatment of co-occurring conditions, and exploratory therapy directed at understanding the causes of gender distress do not constitute conversion practices.
2. **Parental discussion carve-out:** Adopt language modelled on the NSW Conversion Practices Ban Act 2024 providing that parents discussing sexual orientation, gender identity, sexual activity or religion with their children does not constitute a conversion practice.
3. **Support for desistance and detransition:** Clarify that assisting a person who wishes to desist from a transgender identity or to detransition is not a conversion practice.
4. **Broader health-practitioner exclusion:** Extend the clinical exclusion beyond registered medical practitioners to include psychologists and other appropriately accredited mental-health professionals acting within their professional standards.
5. **Injury threshold for child offences:** Require proof of injury (or at least serious risk of injury) for all criminal offences, including those involving children.
6. **Remove or narrow the “child abuse” consequential amendments:** Do not expand the statutory definition of child abuse to include conversion practices. The ordinary limitation and civil-liability rules are sufficient.
7. **Statutory review:** Require an independent review of the Act within two years of commencement, with particular attention to effects on clinical practice, parental rights, and outcomes for gender-distressed children and adolescents.

7. Conclusion

A carefully drafted prohibition on conversion practices aimed at sexual orientation is a legitimate response to a recognised harm. Extending the same framework to gender identity is not. It imports a contested ideological claim into criminal and civil law, chills evidence-based clinical care, elevates legal risk for parents and professionals, and risks medicalising same-sex attracted young people—particularly girls.

The Tasmanian evidence base does not demonstrate a high volume of clinical conversion practices directed at gender identity. The Victorian experience demonstrates real, present harm to access to exploratory care. Systematic reviews in multiple jurisdictions counsel caution. The safest and most coherent course is to remove gender identity from the Bill entirely.

We urge the drafters and the Parliament to protect same-sex attracted Tasmanians without sacrificing the clinical space required to assess and support children and adults experiencing gender-related distress.

We would be pleased to provide further information or appear before any committee considering the Bill.

Dr Elizabeth Caballero

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References

1. Tasmania Law Reform Institute, *Sexual Orientation and Gender Identity Conversion Practices* (Final Report No. 32, 2022).
2. Cass, H., *Independent Review of Gender Identity Services for Children and Young People: Final Report* (2024).
3. *Re: Devin* [2025] FedCFamC1F 211.
4. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed, Text Revision, DSM-5-TR).
5. Change or Suppression (Conversion) Practices Prohibition Act 2021 (Vic).
6. Conversion Practices Ban Act 2024 (NSW).
7. Clinical Advisory Network on Sex and Gender, commentary on the Victorian Act and clinical chilling effects (2023 and subsequent).
8. United Nations Special Rapporteur on violence against women and girls (Reem Alsalem), statements on the Cass Review and conversion-therapy legislation (2024).
9. Anti-Discrimination Act 1998 (Tas), definition of gender identity.
10. Women's Action Alliance Tasmania, submission on the Justice Miscellaneous (Conversion Practices) Bill 2024 (16 February 2024).
11. Women's Action Alliance Victoria, submission to the Victorian Law Reform Commission focused review of the Change or Suppression (Conversion) Practices Prohibition Act 2021.