



Submission to the Tasmanian Greens
Draft Conversion Practices Prohibition Bill 2026
31 July 2026

The Women's Action Alliance Tasmania (WAAT) is a member of the Affiliation of Australian Women's Action Alliances (AAWAA), a secular, non-partisan peak body representing women's rights groups across Australia. Our members include teachers, lawyers, nurses, doctors, scientists, academics, public servants, mothers and lesbians. We thank Dr Woodruff for the opportunity to comment on the Greens' draft Conversion Practices Prohibition Bill 2026.

This submission builds on and reaffirms WAAT's submission of 16 February 2024 on the Government's earlier consultation draft, appended in full as Annex A. It also draws on AAWAA's related submissions to the Victorian Law Reform Commission (VLRC),¹ the UN Office of the High Commissioner for Human Rights,² the Federal Parliamentary Joint Committee on Human Rights,³ and the NSW Mental Health Commission.⁴

We state our position plainly at the outset: WAAT unreservedly supports a legislative ban on practices that seek to change or suppress a person's sexual orientation; however, we oppose this draft Bill's current treatment of gender identity, which repeats and in some respects worsens defects already identified in comparable legislation in Victoria and New South Wales.⁵

IMPROVEMENTS ON THE VICTORIAN MODEL

Clause 5(3)(c)(v), which excludes parents discussing sexual orientation, gender identity, sexual activity or religion with their children from the definition of a conversion practice, is a genuine improvement on the Victorian model, which contains no equivalent provision.

Clause 5(3)(a), which excludes a health service assessed by a registered practitioner as clinically appropriate "in the practitioner's reasonable professional judgement," is likewise an improvement on the asymmetric approach taken in Victorian government guidance on the

¹ [Victoria's Conversion Practices Act: What the review must address](#), AAWAA.

² [Specific mental health needs of women and girls must be addressed in next OHCHR comprehensive report](#), AAWAA.

³ [Critical gaps in Australia's human rights for women and girls must be remedied](#), AAWAA.

⁴ [Restoring rights and realities: Reforming mental health policy for women and girls in NSW](#), AAWAA.

⁵ [Change or Suppression \(Conversion\) Practices Prohibition Act 2021](#), Victoria, and [Conversion Practices Ban Act 2024 No 19](#), NSW.

equivalent provision, which lists five affirmative examples of protected supportive or affirming conduct and none for exploratory or watchful-waiting approaches.

These provisions should be retained; they do not, however, cure the defects of the draft bill.

CORE OBJECTION: THE BILL CONFLATES TWO DIFFERENT PHENOMENA

The draft Bill applies a single, consent-irrelevant, purpose-based definition of 'conversion practice' to both sexual orientation and gender identity. This is appropriate for sexual orientation, where the practices in question are uniformly coercive, pseudo-medical, and rejected by all mainstream clinical bodies; however, it is not appropriate for gender identity, where a live and increasingly mainstream clinical debate exists about whether affirmation-only or exploratory approaches best serve a child's welfare.

Several European health authorities have adopted more cautious positions on medical intervention for gender dysphoria in minors. Finland's Council for Choices in Health Care specifies psychosocial support, psychiatric treatment and, where needed, psychotherapy as the initial response, with puberty suppression considered case by case after careful assessment.⁶ Sweden's National Board of Health and Welfare gives weak negative recommendations on puberty-suppressing and gender-affirming hormones at group level, recommending their use within research or, pending such research, in exceptional cases.⁷ In England, informed by the interim advice of the independent Cass Review and its commissioned University of York systematic reviews, NHS England adopted a primarily psychosocial and psychological clinical approach and ceased routinely commissioning puberty-suppressing hormones for gender incongruence or gender dysphoria in people under 18.⁸

The UK's Cass Review also found that social affirmation of a child's gender identity should itself be treated as an active psychological intervention with uncertain long-term effects, not a neutral or protective act.⁹ A Bill that criminalises or civilly sanctions the withholding of affirmation, while leaving affirmation itself entirely unregulated, would embed a conclusion into law that international clinical opinion no longer treats as settled.

New South Wales offers a cautionary precedent. Its *Conversion Practices Ban Act 2024* adopts the same single, purpose-based definition of conversion practice across both sexual orientation and gender identity. The Hon John Ruddick MLC moved a floor amendment during the Bill's passage in March 2024 seeking to strike gender identity from its scope, which was defeated on division. Within months of the Act's commencement, Mr Ruddick continued this campaign through a public campaign, a parliamentary petition, and by

⁶ [Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendation](#), Palveluvalikoimaneuvosto; [Recommendations](#), Palveluvalikoimaneuvosto.

⁷ [Care of children and adolescents with gender dysphoria Summary of national guidelines, December 2022](#), Sosialstyrelsen; [Swedish Transgender Treatment Guidelines for Youth](#), SEGM.

⁸ [Children and young people's gender services: implementing the Cass Review recommendations](#), NHS England.

⁹ See [Cass Review, Final report](#) (2024); [Gender dysphoria in young people is rising – and so is professional disagreement](#), *BMJ* (2023); [UK: Implementation of 'Cass report' key to protecting girls from serious harm, says UN expert](#), OHCHR (2024).

introducing the Conversion Practices Ban Amendment (Gender Identity Repeal) Bill.¹⁰ His stated concern was that conflating gender identity with sexual orientation under a single conversion-practices definition was already deterring clinicians from offering open, exploratory counselling to gender-distressed young people. The Greens' draft Bill adopts the same drafting model that has already generated sustained parliamentary pushback in the jurisdiction it most closely follows, and risks importing the same unintended chilling effect into Tasmanian clinical practice.

SPECIFIC DEFINITION AND CLAUSE CONCERNS

The definition of 'gender identity' is imported from the *Anti-Discrimination Act 1998*, which defines it as "the gender-related identity, appearance or mannerisms or other gender-related characteristics of an individual... with or without regard to the individual's designated sex at birth." At its core, this definition is self-referential – identity is defined by reference to identity – and provides no objective criterion by which a person's gender identity can be independently verified or distinguished from other psychological presentations, meaning the entire prohibition rests on an unanchored foundation.

Clause 5(1) makes consent irrelevant to whether conduct is a conversion practice, reinforced by clause 17(2), which provides that consent is not a defence to a charge under Part 2. This is correct for sexual orientation, where consent obtained under coercion should not excuse a conversion practice. Applied to gender identity, however, it produces a perverse result: a young person who actively seeks exploratory therapy to understand their own experience cannot consent to receiving it, because the practitioner's conduct may still fall within the prohibition regardless of the young person's wishes.

While clause 5(3)(a)'s practitioner-judgement standard is an improvement over the Victorian model, it only protects a health service already assessed by a registered practitioner as clinically appropriate. It does not protect the exploratory clinical process by which that assessment is reached. A clinician who wishes to investigate whether a child's gender distress reflects autism, trauma, or same-sex attraction, before reaching a view on appropriate care, has no clear protection under this clause while that inquiry is underway; nor could such an inquiry rely on clause 5(3)(b), which is addressed to non-clinical facilitation of identity exploration rather than diagnostic assessment by a health professional.

Clause 5(3)(b) excludes conduct that is "genuinely facilitating a person's coping skills, development or identity exploration to meet the person's needs, including by providing acceptance, support or understanding to the person." This exclusion is undefined and unbounded. On its face, it permits teachers, school counsellors, youth group leaders and other non-clinical adults to socially affirm a child's transgender identity, including changes of name, pronouns and presentation, without any health professional assessment and without parental knowledge, so long as the adult characterises their conduct as 'support' rather than a 'practice'. No equivalent protection exists for an adult in the same setting who instead wants to explore, question or delay affirmation.

¹⁰ [Conversion Practices Ban Amendment \(Gender Identity\) Bill 2024](#).

DOCUMENTED HARMS FROM COMPARABLE LEGISLATION

These consequences could have considerable unintended effects, despite well-meaning intentions. If enacted, the Bill as drafted would likely produce a chilling effect on clinical practice in Tasmania, comparable to that documented under the equivalent Victorian model. The Clinical Advisory Network on Sex and Gender (CAN-SG), a UK clinical body, has reported that the Victorian Act has had "a chilling effect on therapists there, many of whom have stopped treating people with gender dysphoria for fear of being accused of conversion therapy."¹¹ The *BMJ* (2023) reported growing professional disagreement about affirmative approaches to gender dysphoria in young people, noting the Cass Review's finding that clinicians felt obliged to accept a child's gender identity uncritically, rather than applying ordinary clinical assessment.¹² This is corroborated judicially by *Re Devin* in the Federal Circuit and Family Court of Australia,¹³ where Justice Strum recorded evidence that a father seeking care for his gender-distressed child had contacted "hundreds" of therapists in Victoria unwilling to treat him, and that a paediatrician gave evidence he was unaware of any practitioner in the state willing to offer a non-affirming or exploratory approach.¹⁴

These harms fall disproportionately on girls and young women, who now dominate presentations at gender clinics, and on same-sex attracted young people, a significant proportion of whom show same-sex attraction that clinical follow-up studies suggest may be obscured within a gender identity framework rather than recognised and explored as such. Detransitioners report that their earlier transgender identification masked unaddressed same-sex attraction, autism, or trauma.¹⁵ A Bill that would foreclose the exploratory care needed to distinguish between these presentations does not prevent conversion practices; it risks becoming a mechanism by which a young person's sexual orientation is suppressed by default, which is precisely the harm the Bill would seek to prevent.

This dynamic extends into Tasmanian schools, where affirmation-based policies already operate without the safeguards clause 5(3)(a) requires of health practitioners. Clause 5(3)(b)'s broad exclusion would place these existing school practices beyond challenge under the draft Bill, while giving no equivalent legal footing to a parent or teacher who wants to proceed more cautiously.

¹¹ [Why legislation to ban so-called Conversion Therapy could harm people with gender-related distress](#), Clinical Advisory Network on Sex and Gender (2023).

¹² See [Cass Review, Final report](#) (2024) and [Gender dysphoria in young people is rising—and so is professional disagreement](#), *BMJ* (2023).

¹³ [Re: Devin \[2025\] FedCFamC1F 211](#) (3 April 2025).

¹⁴ [Re: Devin \[2025\] FedCFamC1F 211](#) (3 April 2025).

¹⁵ See [Cass Review, Final report](#) (2024); [Gender dysphoria in young people is rising—and so is professional disagreement](#), *BMJ* (2023); [Gender dysphoria and psychiatric comorbidities in childhood: a systematic review](#), *Aus J Psych*, (2021); [The prevalence of coexisting mental health conditions in gender diverse autistic people: A systematic review](#), *Res in Autism Spectrum Disorders* (2024); [Mental health correlates of autism spectrum disorder in gender diverse young people: Evidence from a specialised child and adolescent gender clinic in Australia](#), *J Clin Med*. (2019); [Case report: Adolescent with autism and gender dysphoria](#), *Front. Psychiatry* (2021); [Gender dysphoria and related symptoms in autism spectrum disorder: A bilingual review of the literature](#), *Brain Sci*. (2024); [Why legislation to ban so-called Conversion Therapy could harm people with gender-related distress](#), Clinical Advisory Network on Sex and Gender (2023). Also, a 2024 PMC study found that over 40% of gender-diverse youth in a large cohort had diagnoses of mood disorders, with approximately 20% having generalised anxiety disorder; see [Characteristics of children and adolescents referred to specialist gender services: a systematic review](#), *Archives of Disease in Childhood* (2024).

RECOMMENDATIONS

1. Reconsider whether gender identity should be regulated under the same, consent-irrelevant definition as sexual orientation, or whether a separate and more precisely defined provision is required to reflect the genuine clinical uncertainty in this area. If gender identity remains within the draft Bill's scope, the amendments below are the minimum necessary to address its current defects.
2. Amend clause 5(3) to add an explicit exclusion for exploratory psychological care, defined as care that is open as to outcome and does not direct a child toward a predetermined conclusion about their gender identity or sexual orientation, whether provided by a registered health practitioner or otherwise.
3. Narrow clause 5(3)(b) so that non-clinical 'identity exploration' support for a child requires either the involvement of a registered health practitioner or the informed consent of a parent or guardian, and clarify that this requirement applies equally in school settings, where teachers, school counsellors and other staff currently rely on clause 5(3)(b) to socially affirm a child's identity without parental knowledge, consistent with WAAT's recommendation on the 2024 draft (Annex A).
4. Reduce the review period in clause 64(2) from five years to two years, and require that review to specifically examine any chilling effect on clinicians, parents and educators seeking to provide exploratory or non-affirming support, not merely the incidence of coercive conversion practices.
5. Require the Anti-Discrimination Commissioner to record and report data on conversion practice reports by protected ground, distinguishing sexual orientation from gender identity, to enable an evidence-based assessment of the Act's operation.

CONCLUSION

WAAT supports banning coercive attempts to change a person's sexual orientation and commends the draft Bill's parental discussion and health service exclusions. But this draft Bill, if introduced to parliament unamended and passed, would entrench in Tasmanian law a model whose operation and effectiveness has been the subject of a statutory review by the Victorian Law Reform Commission, and about which AAWAA and other stakeholders have raised concerns regarding unintended harms. Tabling it as drafted would not protect vulnerable young Tasmanians. It would deny them the careful, honest, and open-ended support they are entitled to, and expose clinicians, parents and educators to legal uncertainty for providing it. WAAT urges the Greens to amend the draft Bill before it is presented to parliament.

Annex. Justice Miscellaneous (Conversion Practices) Bill 2024, Submission from the Women's Action Alliance Tasmania (WAAT), A member of the Affiliation of Australian Women's Action Alliances (AAWAA), 16 February 2024



WOMEN'S ACTION ALLIANCE TASMANIA (WAAT)

Justice Miscellaneous (Conversion Practices) Bill 2024

**Submission from the
Women's Action Alliance Tasmania (WAAT)
A member of the
Affiliation of Australian Women's Action Alliances
(AAWAA)**

16 February 2024



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The Women's Action Alliance Tasmania (WAAT) is a member of the Affiliation of Australian Women's Action Alliances (AAWAA). WAAT and AAWAA are secular, independent, and unaligned with any political party or religious perspective. Our groups include teachers, lawyers, nurses, doctors, scientists, academics, researchers, professionals, public servants, retirees, mothers, and lesbians.

We thank you for the opportunity to comment on the consultation draft for this Bill and we commend the intention of the Bill to provide a safe and inclusive community for all people in Tasmania including those who are same-sex attracted or who identify as transgender or gender-diverse.

We specifically commend the inclusion in the draft of section 28 (2), which explicitly excludes from the definition of 'conversion practices' the practices of health service providers, and in so doing corrects a salient shortcoming in conversion practices legislation in some other jurisdictions.

We also commend the clarification set out in section 28 (4) that practices that amount to an expression of opinion, idea, or belief, including the provision of parental guidance do not amount to a conversion practice. We are concerned, however, that section 28 (3) – which addresses practices by people other than health service providers – carries unacceptable risks both for the recipients and the providers of these practices. This is especially the case with regard to children.

We respectfully urge the Department of Justice to review the necessity of section 28 (3) and recommend that, if it is to be included in the Bill moving forward, it should incorporate additions along the following lines:

- a. No provider of a practice outlined in Section 28 (3) shall proceed without first ensuring that a licensed health service provider has confirmed that, in their professional opinion, the practice is in the best interest of the child's health and well-being.
- b. No provider of a practice outlined in Section 28 (3) shall provide that practice to a child under the age of 16 without obtaining the informed consent of the child's parent(s) or legal guardian, unless a court order provides written consent for the practice.
- c. For a child aged 16 or over, the provider of a practice outlined in section 28 (3) shall before providing the practice, make a reasonable effort to notify the child's parent(s) or legal guardian about the intended practice, its potential benefits and risks, and the child's decision to undergo the practice.

We also recommend the inclusion of a stand-alone section that would establish a requirement for a review of the legislation within 12 months of its commencement and at regular intervals thereafter to:

- Assess the extent to which the legislation has achieved its stated objectives,
- Identify any unintended consequences or limitations of the legislation, and
- Consider the need for amendments or modifications to the legislation to ensure its continued effectiveness and relevance.



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Background

Although we do not ourselves use the umbrella term LGBTQIA+, lesbians are a key constituent of WAAT and AAWAA. As such, we have no issue in supporting a ban on the practice of seeking to change or eradicate a person's sexual orientation. As noted in your fact sheet, and as confirmed by the research we have ourselves looked into, these practices lack efficacy and risk lasting harms. While our members have not themselves encountered these practices, we understand they are exceedingly rare and that our criminal code already addresses them. That said, we understand the impulse to atone symbolically for Tasmania's shamefully belated decriminalisation of homosexuality.

The complexity of gender identity

The needs of people, especially young people, who identify as transgender or gender-diverse are extremely complex.¹ This is because these identities are often transient and those who embrace them are often suffering co-morbidities such as autism or trauma. Many are also gay or lesbian and subsequently come to realise that their transgender identity masked internalised homophobia. Social pressures may also contribute to the decision to embrace these identities, especially in the case of girls.

The unfolding reality of the complexities of transgender and gender-diverse identities dictates that we do not, even with the best of intentions, exacerbate the problems these vulnerable people face.

Conversion bans

WAAT, as an AAWAA member, has long been concerned about the impact of conversion bans that effectively deny transgender and gender-diverse people access to exploratory therapy to understand the nature and possible causes of their identities. We are concerned that an effect of the ban will be the possible criminalisation and/or discouraging of health professionals providing such services, thus preventing transgender and gender-diverse people from accessing different avenues to relieve their distress. Indeed, we firmly believe that creating barriers to these young people accessing the full range of professional services, including exploratory therapy, is unconscionably cruel, especially if the young person is contemplating potentially life-long and irreversible medical interventions.

Furthermore, because such bans disproportionately impact gay and lesbian people as well as those suffering neurological conditions or trauma, they also create indirect discrimination, which we believe is ethically questionable and likely unlawful: all Australians have a right to access appropriate health care in their time of need.

WAAT is relieved that this Bill specifically excludes services provided by health professionals from the definition of 'conversion practices.' We note in this regard that the Bill also seeks to amend the *Health Complaints Act* to list these services as "services that are health services." While the fact sheet does not speak to the rationale for this amendment, we trust the intention is to dispel any suggestion that the services are not legitimate. In this regard, we suggest the government works with the sector to monitor that the fact of listing these services in the Health Complaints Act doesn't serve to discourage health care professionals providing them.

¹ The literature on this subject is vast and growing. We strongly recommend that, if it has not done so already, the Department consults the material collated by the [Society for Evidence Based Medicine](#) as well as [Genspect](#).



Practices of people who are not health service providers

Given the complexities of the challenges that young transgender and gender-diverse people face, we are also concerned about the risks of practices conducted by people who are not professional health care providers. The fact sheet does not specify who the entities responsible for the practices outlined in section 28 (3) are, and we would welcome clarification on this point. For now, we assume they include groups established expressly for the purpose of encouraging or supporting young people to express a transgender identity, as well as teachers, school counsellors, scout and guide leaders, and others.

Our concern in this regard relates to the fact that these organisations support, implicitly and in many instances explicitly, a model of ‘gender affirming care,’ that is, that carers and others must ‘affirm’ a child who states they are transgender – without any assessment by a professional health care provider. Our state education department and many of our public and private schools have also endorsed this approach. In many instances, there is encouragement to affirm a child’s gender identity even without informing the child’s parents.

In parallel with emerging evidence that medical interventions do not help relieve young people of gender dysphoria and may in fact harm them, we are also beginning to see evidence that non-medical interventions may create unintended harms. This is best expressed by Dr Hilary Cass who chaired the independent review of the gender identity services in England and who noted that social affirmation (the practice of child’s names, pronouns, and presentation to align with their gender identity) should be considered a psychological intervention with potentially significant and long lasting effects. She noted the [risks](#) of locking children into a particular identity path making it difficult for the child to explore alternative identities and coping strategies.

WAAT includes teachers, sporting coaches, and others who are committed to acting in the best interests of the children under our responsibility. We are concerned that social affirmation practices might inadvertently pose long-term risks for the children in our care. We also worry about the potential legal repercussions of ‘affirming’ children if we believe that social affirmation may not serve the child’s best interests, particularly considering the emergence of legal challenges faced by teachers and schools overseas.

While we cannot presume to speak on behalf of LGBT+ support organizations, we assume that they too, prioritise acting in the best interests of children and should be mindful of the potential legal risks associated with their actions.

Against this background, we recommend the Department of Justice remove 28 (3) altogether so that the Bill does not provide a carve-out for actions by non-healthcare professionals to affirm a child’s gender identity. We appreciate that this may not be possible given that teachers and others are already being asked to do so.

We hope that the legislation can provide a measure of protection both for the recipients of the actions set out in section 28 (3) and for those who volunteer or are required to provide them. There may be other ways to draft the actual provisions of the Bill but we offer our suggestions above as a starting point.

Thank you for seeking input on this Bill. We trust you can address our concerns. We look forward to seeing the next iteration.



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