

13 February 2024



Dear Department of Justice - Office of the Secretary,

[Working It Out](#) (WIO) has prepared this submission for the *Justice Miscellaneous (Conversion Practices) Bill 2024 - Consultation Draft*. WIO is Tasmania's only dedicated support, education and advocacy service for Tasmania's lesbian, gay, bisexual, transgender, intersex, and asexual (LGBTIQA+) population. Our mission is to create change through lived-experience based education, support and advocacy which enables LGBTIQA+ Tasmanians to live their best lives.

This draft bill has significant impacts on LGBTIQA+ populations, who are the people targeted and most negatively affected by these change or suppression actions (conversion practices) and its anti-LGBTIQA+ ideology. A 2019 national survey (Jones, Bourne, and Anderson 2021) for LGBTQ young Australians found:

- Those who had attended a conversion practice were more likely to think about or plan suicide, and almost four times more likely to attempt suicide than people who had not attended a conversion practice.
- Individuals who attended conversion practices are more likely to have a mental health diagnosis, including more likely to have been diagnosed with PTSD.
- Individuals who had attended a conversion practice were more likely to have experienced homelessness compared to those who had not.
- The demographics more likely to experience conversion practices were males, and people from religious households and unemployed.

Everyone, regardless of their sexual orientation, gender identity, or innate variation of sex characteristics should be able to live authentically, feel welcomed, and be valued. All Tasmanians have the right to be treated equally, and free from prejudice and discrimination. There is nothing wrong with being heterosexual or straight, just as there is nothing wrong with being LGBTIQA+. Conversion practices at their core are based on the idea that being LGBTIQA+ is wrong and that the person is broken and needs to be fixed.

Practices that seek to change or suppress a person's sexual orientation or gender identity are harmful, and a growing number of countries and Australian states and territories are banning

these conversion practices, with the United Nations (UN) having also called for a global ban and identifying these practices as akin to torture (OHCHR 2020).

Extensive research and testimonies from survivors have already occurred with the Tasmanian Law Reform Institute (TLRI), so WIO will focus on needed changes to the bill and why. Specifically, WIO's submission emphasises:

- (1) No medical research supports any form of change or suppression practices (Madrigal-Borloz, 2020). Research with survivors confirms lasting harm and trauma. This bill makes a distinction between harmful and nonharmful, which isn't possible. Change or suppression conversion practices are never justifiable.
- (2) No one can make an informed-consent choice to engage with change or suppression practices as no form is safe and these practices are enacted with deceptive pressure that someone's sexual orientation or gender identity is 'broken' or 'wrong' and can be fixed. Just as people cannot consent to domestic violence abuse, they cannot reasonably consent to conversion practices.
- (3) Change or suppression practices are known to occur beyond health service provider settings, including home, school, community, and religious settings. This bill creates exemptions to continue these practices, and in doing so condones them.
- (4) TLRI conducted a report with sixteen recommendations to protect all Tasmanians from harm. Almost none of the recommendations have been fully implemented into this bill, which has created gaps and loopholes that allow conversion practices to remain or be legitimised. The conversion bill needs to be drafted around these recommendations.

Change or Suppression (Conversion) Practices Are Universally Discredited:

Medical research does not support these practices - and there is no evidence that sexual orientation or gender identity can be changed or suppressed - as widely recognised by Australian medical bodies (Madrigal-Borloz, 2020; TLRI 2022, p.63). There is clear evidence from both research and survivors that these change or suppression activities cause deep harm and trauma, loss of family and community, and can lead to long-term mental health issues and suicide.

LGBTIQA+ People Need Protection from Direct and Indirect Practices:

Conversion practices are hidden in a variety of settings (e.g. religious, health, or community) often under the guise of pastoral care, family support, mental health healing, and religious liberty (Jones et al. 2018). However, they retain the same principles and concepts around

‘fixing’ someone and suppression of themselves. Indirect practices coerce people and children into believing they’re ‘broken’ so they are more likely to be convinced to engage in conversion practices. The current draft does not protect people from indirect practices (TLRI 2002, p. vi). Below is a summary of these indirect practices:

‘In Australia, conversion practices are most often unstructured and informal. This may include LGBTQA+ people being repeatedly told by friends, family or faith leaders and communities that they are in some way damaged but can be helped, fixed or saved. It may also involve informal discussions or pastoral care meetings set up to teach, encourage or support LGBTQA+ people to change or suppress their sexuality or gender identity or to conceal their gender’ (Power et al. 2022).

As noted by the TLRI report, no person has a right to conduct actual harm upon another person or child just because of an unevidenced claim/belief their conduct is helpful (TLRI 2022, p.39). The draft *Justices (Miscellaneous (Conversion Practices) Bill 2024* has significant gaps, exemptions and loopholes which will legalise conversion practices in different spaces. – this will be identified in further detail below. The current bill risks bringing conversion proponents to Tasmania. This is untenable. There should never be an exemption to torture or harm regardless of whether the person themselves or someone else believes they needs ‘fixing.’

Practices Occur in Both Tasmanian Healthcare and Community Settings:

WIO will often hear from people accessing our services for support of the pressures from their family, religious institution, and peers to suppress their sexuality or gender identity with threats of rejection, exclusion and expulsion from their only social connections if they do not. Tasmania’s largest LGBTIQ+ community survey identified that 97% of participants ‘have been told that their sexuality or gender identity is the result of trauma or pathology and should be changed, fixed, or healed’ and that 5% experienced conversion practices (Dwyer et al. 2021). It is clear LGBTIQ+ Tasmanians seek protection from these practices, with 80% indicating that it was very important to ban.

“I grew up in 2000s rural Tasmania, where teenagers were threatened and subjected to change or suppressive practices by family and their congregations on religious grounds to ‘save’ them. On a personal level, relatives pressured my parents to ‘de-gay’ their son and used religious and public perceptions to shame them as an attempt to action. These relatives still unequivocally hold this belief. The harm is real, and these torturous practices are present beyond health service settings.” – AB

Problems with the Bill, and a Solution:

Identified issues with the bill:

- Omission of the 'suppression' definition creates gaps and allows behaviours to continue conducting conversion practices as suppression actions.
- The test prescribed by s 28(2) is a subjective/objective test. Conversion practices are never reasonable. This component is flawed.
- 'Exclusions' in s 28(4) creates spaces where conversion practices are legitimised.
- Genuine informed consent is not possible with change or suppression practices, as the tenets of the practice is deception, pressure, and suppression of someone's innate identity which cannot be changed. Conversion practices are a false promise driven by anti-LGBTIQA+ ideology.
- There is an absence of civil penalties. Only creating criminal penalties places an unfair onus and burden of proof on survivors who experienced harmful medical and pseudo-medical practices. The bill needs to ensure there is a pathway for survivors to make civil complaints to a relevant body to investigate. Police do not have the capacity to make determinations about appropriate highly specialised medical conduct.

Without the implementation of most of TLRI's sixteen recommendations, WIO cannot support legislation which legalises certain change or suppression practices on LGBTIQA+ community members. In its current form, WIO agrees with calls from community, medical, legal and survivor groups for the scrapping of this bill and redrafting new legislation with TLRI's recommendations. This purpose of the bill needs to prevent change or suppression practices as all forms are harmful. Currently the bill cannot achieve this with exemptions and loopholes.

Regards,

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