



working it out

Tasmania's gender, sexuality and intersex
support, education & advocacy service

CONVERSION PRACTICES PROHIBITION BILL 2026

A submission by Working It Out

August 2026

Acknowledgements

Working It Out (WIO) acknowledges the Palawa, the Traditional Custodians of Lutruwita/Tasmania, and pay our respects to Elders past and present. We acknowledge the diversity in Aboriginal voices, histories, community, knowledge and continued connection to land, waterways, skies. Members of WIO live and work in Nipaluna (Hobart), Pataway (Burnie), Kanamaluka (River Tamar), and often reflect on the landscapes that have shaped us, and the much deeper connection Aboriginal people have maintained with country for tens of thousands of years.

We recognise that colonisation is ongoing, and sovereignty was never ceded. We aim to resist placating the functions of colonisation that allows injustice and harm to continue, where people are separate from land, community, and each other. We are committed to continuously listening, learning and doing our work with Tasmanian aboriginal people, who remind us to approach our work with respect, curiosity, integrity, and with a commitment to reconciliation.

Acknowledgment of survivors of conversion practices

We recognise the strength of those who have endured and survived systems that dehumanise, shame, and harm them, due to pervasive conversion ideology. We support the [SOGICE Survivor Statement](#), which calls for Australia's elected representatives to intervene, and to restrict the ongoing and life-threatening practices employed by anti-LGBTIQA+ movement. We are grateful for the years of dedication, research, consultation and lived-experience testimonies from those who have survived conversion practices and those who did not survive, to bring this Bill into fruition. We also acknowledge LGBTIQA+ advocates, friends and allies whose continued courage and strengths have helped to make a more just society for LGBTIQA+ populations and their friends and families.

Introduction

[Working It Out](#) (WIO) is Tasmania's only dedicated support, advocacy and education service for Tasmania's lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTIQA+) population. Our mission is to create a just society for LGBTIQA+ individuals and families. As a peer-led, community-controlled organisation with over 25 years' experience, we provide statewide services including individual support, peer groups, education, events, and contribute to policy and research. We partner with government, community sectors, LGBTIQA+ health organisations and research institutes to deliver programs such as school inclusion initiatives, aged care training and advise and work with local and State Government departments on LGBTIQA+ issues.

As Sexual Orientation and Gender Identity Change Efforts (SOGICE), or 'conversion practices', continue to occur and risk immense harm for individuals and community members, **we strongly endorse the proposed *Conversion Practices Prohibition Bill 2026***.

We support the Bill's objectives of establishing offences relating to conversion practices, a civil response scheme, a formalised reporting process of conversion practices, investigatory powers, compliance and reports on outcomes of decisions made.

In [Section 1](#), we outline the relevance conversion practices in Tasmania and provide **eight key recommendations** to strengthen the Bill. [Section 2](#) of responds to common concerns around the establishment of a conversion practices Bill, drawing on evidence-based research and survivor's lived experience. We do this not to be inflammatory or disrespectful, but to further justify our recommendations and why the proposed Bill is crucial for protecting LGBTIQA+ Tasmanians.

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Working it Out

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Conversion practices continue today

The proposed Bill is timely, and highly relevant for the protection, safety and wellbeing of LGBTQA+ people. Conversion practices are degrading, humiliating and abusive methods (physical and non-physical) used to attempt to erase a person's identity. Conversion practices are grounded in the belief that those who are LGBTQA+ are broken and through a range of methods, can be "fixed". These practices occur under the guise of 'counselling', 'educational courses', 'training', 'retreats', and 'camps' which require significant financial investment. Legitimate therapeutic interventions such as peer support, psychotherapy, and pastoral care can be used covertly to make recipients behave in conformity to gender stereotypes, sever ties with LGBTQA+ people, and promote celibacy¹. Promotion of these practices come from families and friends, and occur within intimate partner relationships, where prejudice and stereotypes about LGBTQA+ can lead to efforts to 'fix' or 'correct' an individual's gender or sexuality².

Suppression and change efforts do not work. LGBTQA+ people are not broken, so do not need fixing. Attempts to do so only create feelings of self-hatred, shame, suicidal ideation and long-lasting mental health problems, economic disadvantage, isolation from community and loss of faith³. Survivors often share the immense grief they feel that is: grief over oneself, and years of life wasted on false promises and being subjected to dehumanising and degrading treatment for being who they are.

Suppression and change efforts occur in educational environments, medical settings, state institutions and faith-based communities. These are not historical or outdated practices of a bygone era, but contemporary practices and ideology which come from a range of sources in Tasmania.

¹ Trispiotis, I., & Purshouse, C. (2021). 'Conversion Therapy' As Degrading Treatment. *Oxford journal of legal studies*, 42(1), 104–132. <https://doi.org/10.1093/ojls/ggab024>

² Layard, Layard, E, Parker, J, Cook, T, Murray, J, Asquith, N, Fileborn, B, Mason, R, Barnes, A, Dwyer, A, Mortimer, S, 2022, 'LGBTQ+ peoples experiences and perceptions of sexual violence', ACON research summary report.

³ Jones, T., Brown, A., Carnie, L., Fletcher, G., & Leonard, W. (2018). Preventing harm, promoting justice: Responding to LGBT conversion therapy in Australia

The Tasmanian Context

The original 2022 report by the Tasmanian Law Reform Institute found forty-six submissions which described individuals being offered or undergoing conversion practices in Tasmania. These submissions included Tasmanian organisations and individuals who directly stated or implied that they conduct and follow the ideology of conversion practices. A religious leader for example, stated in a public submission that their church believes sexual attraction can be ‘re-orientated’, and claimed people should also be able to seek help in ‘shaping their sexual desires’, and doubted that ‘therapies’ caused any obvious signs of psychological harm⁴. Other submissions included how the promotion of disinformation about conversion practices motivated or supported LGBTQA+ people to being coerced into interventions which ultimately caused significant psychological trauma⁵.

Here at Working It Out, we have several service users who have shared their experiences of being subjected to conversion practices in Tasmania. We are told that suppression and change efforts are offered by family, health practitioners, teachers and those in faith-based communities. Transgender and non-binary people in our community are at particular risk of having their gender identity suppressed by others dissuading or stopping them from seeking gender-affirming support and healthcare. In each case, service users have reported conversion practices as the cause of living a reduced quality of life. Our support team identified that service users who have been subjected to conversion practices having poorer mental and physical health, little self-esteem, a lack of self-confidence, self-worth, disordered eating, substance use, reduced self-care, and an increase in risk-taking and self-limiting behaviour, and an avoidance of affirming opportunities.

Conversion practices are a threat to the health and wellbeing of LGBTQA+ people. There is no disputing that conversion practices happen in Tasmania, and legislative action is required to protect vulnerable LGBTQA+ people from harm.

⁴ See the Catholic Archdiocese of Hobart Response to the TLRI Inquiry into Sexual Orientation and Gender Identity Conversion Practices, 2021, [here](#).

⁵ Gogarty, B., Clark, M., & Barnes, A. (2022). ‘Sexual orientation and gender identity conversion practices’. Report No. 32, April 2022. Tasmanian Law Reform Institute. [Available here](#).

People with Innate variations of sex characteristics (IVSC)

The Bill does not explicitly include people with innate variations of sex characteristics (also known as intersex⁶). We must acknowledge that this demographic is uniquely impacted by a form of conversion ideology. [63,300 Australians](#) aged over 16 (0.3 percent of the overall population) know they were born IVSC. In Australia, if the sex of an infant is uncertain, doctors may perform surgeries to make the genitals appear more aligned with their binary sex, informed by gender stereotypes. These cosmetic [surgeries](#) risk scarring, loss of sensation, can cause incontinence, sterilisation and psychological trauma⁷. These unnecessary procedures violate human rights by infringing on a child's bodily autonomy.

Whilst people with IVSC can be cisgender, heterosexual, or LGBTIQ+, and do not have their sexual orientation and gender identity suppressed or changed *per se*, the decision to conduct such surgeries is grounded in conversion ideology, which sees otherwise normal human sexual diversity as a 'defect' needing to be 'fixed'⁸.

We encourage any amendments made to the draft to be cautious on how this may impact people with IVSC.

⁶ Intersex is an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of "male" and "female bodies", but the IVSC is a preferred term used by the community, [see here](#) for more information.

⁷ [What people with intersex traits want you to know - The University of Sydney](#)

⁸ Gogarty, B., Clark, M., & Barnes, A. (2022). 'Sexual orientation and gender identity conversion practices'. Report No. 32, April 2022. Tasmanian Law Reform Institute. [Available here](#).

Section 1: Recommendations

1. Expand the definition of ‘conversion practice’

The Bill states that a "conversion practice" includes a *practice or conduct* directed towards a person, for the purpose of *changing, suppressing, or eradicating the sexual orientation or gender identity of the person*. Whilst this is good, it misses a key aspect of suppression which is *controlling behaviour*.

This tactic is when the individual's sexuality and gender identity is framed as 'accepted', but their behaviour is not, so should be stopped. This occurs in religious environments where individuals are told their identities are accepted, with conditions⁹. For example, abstinence is encouraged to prevent 'homosexual behaviour', and transgender people are encouraged to align with gender stereotypes¹⁰. To be clear, it is *controlling or preventing behaviours* through suppression, rather than eradicating a person's identity¹¹.

Supporting an individual by affirming their sexual orientation and gender identity is not a conversion practice.

We recommend:

- a. Updating the definition of a 'conversion practice' to include the terms: '*controlling or preventing behaviour*'
- b. Include a declaration that affirming someone's gender identity and/or sexual orientation is not a conversion practice.

2. Include aromantic, asexual and agender people

The Bill follows the Anti-Discrimination Act 1998 (TAS) for the terms gender identity and sexual orientation. The Anti-Discrimination Act does not include asexuality or aromantic sexual

⁹ See [TLRI report](#) Submission 3.4.3. (p. 43)

¹⁰ Trispiotis, I., & Purshouse, C. (2021). 'Conversion Therapy' As Degrading Treatment. *Oxford journal of legal studies*, 42(1), 104–132. <https://doi.org/10.1093/ojls/ggab024>

¹¹ Jones, T., Brown, A., Carnie, L., Fletcher, G., & Leonard, W. (2018). Preventing harm, promoting justice: Responding to LGBT conversion therapy in Australia.

orientations, or agender as a gender identity. These identities must be included in this Bill to ensure they are protected from conversion practices.

Being agender, asexual, and aromantic can mean different things to each individual. Agender is a gender identity, (which for some, can fall under the umbrella term 'non-binary'), which refers to people who are gender-neutral, or have no gender identity.

Asexuality is a sexual orientation, used as an umbrella term for people who experience little to no sexual attraction. This includes only experiencing sexual attraction after forming an emotional connection (demisexual), and sexual attraction rarely or under specific circumstances (greysexual). Whilst people who are asexual may engage in sex and experience romantic attraction, asexuality is an identity, not a disorder¹². Aromantic describes people who experience a range of relationships but have little to no romantic attraction.

Agender, asexuality and aromantic people can be heavily stigmatised for how they express themselves, form relationships and are often pathologised in healthcare settings, even though this is a normal aspect of human diversity and identity¹³.

This population are extremely vulnerable to conversion practices through their relationships and coercion. A loved one may try to convince an asexual or aromantic person that there is something medically 'wrong' with them which requires intervention. We know asexual people can be subjected to unwanted sexual advances, and 'corrective rape', by perpetrators who try to force an asexual person to engage in sex to incite attraction, desire, or 'prove' that the person is not asexual¹⁴. Therefore, we recommend the definition of sexual orientation is corrected to:

"a person's emotional, affectional and sexual attraction to, or intimate or sexual relations with, persons of a different gender, same gender, or more than one gender; or a person's absence of emotional, affectional and sexual attraction to, or intimate or sexual relations with any person of any gender."

The Bill does not protect any individual who is at risk of being subjected to conversion practices due to an 'absence' of something. The word "absence" here, is used descriptively and should not

¹² Schneckenburger, S. A., Tam, M. W. Y., & Ross, L. E. (2023). Asexuality. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 195(47), E1627. <https://doi.org/10.1503/cmaj.231003>

¹³ Fowler, J. A., Mendis, M., Crook, A., Chavez-Baldini, U., Baca, T., & Dean, J. A. (2024). Exploring Aromanticism Through an Online Qualitative Investigation With the Aromantic Community: "Freeing, Alienating, and Utterly Fantastic". *International journal of sexual health : official journal of the World Association for Sexual Health*, 36(1), 126–143. <https://doi.org/10.1080/19317611.2024.2311158>

¹⁴ Layard, Layard, E., Parker, J., Cook, T., Murray, J., Asquith, N., Fileborn, B., Mason, R., Barnes, A., Dwyer, A., Mortimer, S., 2022, 'LGBTQ+ peoples experiences and perceptions of sexual violence', ACON research summary report.

be considered as negative, as having low or no attraction to others is a normal part of human sexuality¹⁵.

Amending the definition to include an absence of gender and sexual orientation, will benefit everyone.

3. Amend ‘clinical judgement’ to reflect best practice

Practitioners may raise concerns that this Bill will unfairly target health specialists, putting them at risk of incidentally or unknowingly engaging in conversion practices. It is not a conversion practice for a psychologist to help their client explore their gender or sexual identity in a way that is affirming and supportive.

A gender affirmative approach is considered best practice under Australian medicine and clinical guidelines¹. Despite this, conversion practices continue to occur in health-based settings through practitioners ‘clinical judgement’, which goes against contemporary scientific evidence. In some cases, this is outright conversion, such as a licenced counsellor using aversion therapy, or a doctor prescribing medication for chemical castration¹⁶, or more subtle use of conversion ideology which guides their practice. For example, a doctor who questions their client’s possible transgender identity and uses their ‘professional judgement’ to advise that they are actually experiencing symptoms of depression (and that their feelings will pass), is not in line with contemporary professional clinical standards. Consequently, the doctor would be engaging in conversion practices because they were suppressing a person's gender identity by denying the possibility of that identity to be fully explored².

A service user of ours, experienced a similar situation, where their psychologist dissuaded them from seeking gender affirming care, stating that they did not have gender dysphoria, and were instead, simply “self-conscious and socially anxious”. Despite the service user being ‘out’ as transgender and socially transitioning to a new name, this psychologist did not use their preferred name or pronouns. In this case, the psychologist used their ‘professional judgement’ to deny any

¹⁵ Brotto, L. A., & Milani, S. (2022). Asexuality: When sexual attraction is lacking. In D. P. VanderLaan & W. I. Wong (Eds.), *Gender and sexuality development: Contemporary theory and research* (pp. 567–587). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-84273-4_19

¹⁶ Roguski, M., & Atwood, N. (2024). Conversion practices in Aotearoa New Zealand: Developing a holistic response to spiritual abuse. *PLoS one*, 19(5), e0302163. <https://doi.org/10.1371/journal.pone.0302163>

exploration of their client's identity. [The Australian Psychological Association is very clear](#) that in response to a client who may be exploring their sexual orientation or gender identity, clinicians should focus on challenging negative stereotypes, promote self-acceptance, and aim to help them develop affirming social supports, as outlined in their ethical guidelines for psychological practice with LGBTIQ+ clients.

It is not mandatory for health practitioners to provide therapeutic services to LGBTIQ+ people, nor should they if they feel unequipped to do so. If practitioners recognise a gap in their knowledge or skills or fear their personal views may sway their professional judgement, they should refer clients elsewhere, especially for those seeking gender affirming care.

This is why, we advise that the Bill must amend clause 5(3)(a)(i) to state that a registered health practitioner's assessment and reasonable, professional judgement is *consistent with contemporary evidence-based, best practice*, to ensure they align with Australian professional standards.

Whether conduct amounts to a conversion practice depends on the practitioner's professional clinical knowledge. The implementation of the Bill must come with appropriate training and resources for medical practitioners to ensure they are well informed with contemporary approaches for gender affirming care. In addition, training is required for health practitioners to be clearly informed about *what is or is not a conversion practice* under the Bill.

4. Establish a positive duty

A positive duty is an obligation within legislation, which requires individuals and organisations under the Bill, to take intentional, proactive measures to prevent prohibited conduct. We see this implied under the *Anti-Discrimination Act 1988* (TAS), which ensures all Tasmanian organisations and employees must take 'reasonable steps' to prevent individuals from discrimination and harassment in the workplace.

Prevention is just as important as responding to harm, particularly when change and suppression tactics are not well understood by the public and are conducted through covert, highly coercive means, occurring in a range of environments from faith-based institutions to healthcare settings, under different names such as 'treatment', 'healing', 'counselling', 'mentoring' or 'reparative

therapies¹⁷. These efforts are grounded in an insidious ideology that is difficult to recognise without experience and knowledge of its manifestations in different environments such as in religious and non-religious organisations and institutions¹⁸.

Considering the contexts where conversion practices occur, we would welcome imposing positive obligations for workplaces and organisations to prevent conversion practices through policy, education, training, strong governance and reporting mechanisms. Without a positive duty, conversion practices may occur or continue undetected, or only when a victim-survivor has made a report. Due to the nature of conversion practices and the harm caused to victim-survivors, they may take several years to report their experiences or do not report at all.

A positive duty would better align with principle 8(a) in the Bill and would aim to prevent suppression and change tactics before any harm has occurred.

5. Mandatory Reporting

We recommend implementing mandatory reporting procedures with all reports to be made to the Anti-Discrimination Commissioner. Conversion practices occur within contexts which rely on significant power imbalances to leverage against victim-survivors. In the case of young people, this often involves people with authority, such as health practitioners, religious leaders, teachers and educators, or family members and parents. These dynamics should be recognised within this Bill by having a stronger alignment with Tasmania's broader child safety legislation. We recommend including mandatory obligations and embedding these into the Child Safe Standards, the Child and Youth Safe Organisations Framework and the Reportable Conduct Scheme.

Mandatory reporting may risk implicating or criminalising a child's family members, friends, and loved ones, who may be supportive of conversion, which may impact a child's autonomy, and wellbeing. Adults have identified their avoidance of reporting in fear of criminalising loved ones in the process¹⁹, but this factor should not compromise the necessity of mandatory reporting as a means to intervene, and prevent current and future harm to children and young people in Tasmania.

¹⁷ Jones, T., Brown, A., Carnie, L., Fletcher, G., & Leonard, W. (2018). Preventing harm, promoting justice: Responding to LGBT conversion therapy in Australia.

¹⁸ See the [SOGICE Survivor Statement](#)

¹⁹ Roguski, M., & Atwood, N. (2024). Conversion practices in Aotearoa New Zealand: Developing a holistic response to spiritual abuse. *PLoS one*, 19(5), e0302163. <https://doi.org/10.1371/journal.pone.0302163>

6. Safety Assessment

The Bill does not expressly require consideration of the person's immediate or ongoing safety when a report is made. As noted in greater detail in [section 2](#), survivors of conversion practices are often in environments of great personal risk to their mental and physical health when reporting, which place their continuation and ongoing exposure to conversion practices particularly damaging.

We support the recommendation of a 'pipeline to safety'²⁰, where survivors should receive immediate support when leaving unsafe, abusive environments, and emphasise that the individual's safety should be a primary consideration when determining how a report is managed.

7. Establish a Civil Response scheme

We recommend that victim-survivors of conversion practices should be able to seek redress in civil law, including for historical offenses. In a recent submission to a review of the Victorian legislation regarding conversion practices²¹, the Victorian Equal Opportunity and Human Rights Commission has also recommended introducing a civil response scheme to enable survivors to seek remedies through the Victorian Civil and Administrative Tribunal. It is evident that a redress scheme is needed, particularly if this Act wants to learn from the Victorian legislative review.

We recommend the implementation of a supported redress scheme, like the national redress scheme for people who have experienced child sexual abuse, following from the *Royal Commission into Institutional Responses to Child Sexual Abuse*. The scheme would include:

1. Acknowledgement that conversion practices do not work and are harmful
2. Recognises the suffering of survivors
3. Helps survivors gain access to free legal, financial and mental health counselling

The redress scheme will also assist in victim-survivors seeking justice that is most meaningful for them. It is not always possible for victim-survivors to access remedies for what they have experienced, such as a formal apology from a perpetrator/organisation, or financial compensation,

²⁰ See Roguski, M., & Atwool, N. (2024). Conversion practices in Aotearoa New Zealand: Developing a holistic response to spiritual abuse. *PloS one*, 19(5), e0302163. <https://doi.org/10.1371/journal.pone.0302163>

²¹ Change or Suppression (Conversion) Practices Prohibition Act 2021 (Vic)

and a formal redress scheme will support them to do this. We note that remedies are currently available under the Tasmanian Anti-Discrimination Act. However, as The Anti-Discrimination Commissioner noted previously, a significant barrier for people subjected to conversion practices is their ability to identify them as harmful, let alone unlawful. This is because these practices are presented as helpful, supportive and coming from a place of compassion, not as discrimination. We also know that anti-discrimination claims can take several months or years to resolve.

Whilst the Commissioner has powers to investigate and respond to claims, we suggest that a redress scheme would include independent decision-makers who can provide insight to the preliminary assessments of claims for redress. This includes a panel of experts who either have direct lived experience of conversion practices, or understand the ideology of change and suppression efforts, doctrine, and the contexts in which they occur and are promoted (including in informal or religious settings). The suggestion of a panel and redress scheme is guided by the SOGICE Survivor Statement, which is prepared by survivors, allies, advocates, organisations and community groups that support, advocate for, or are led by LGBTQA+ people of faith²².

8. Trauma informed practice for resolution

If no Redress Scheme will be implemented, we support the Commissioner's ability to facilitate the resolution of matters raised in a report. However, the specification that this may occur in 'any manner that the Commissioner considers appropriate' is not empowering for victim-survivors.

We suggest that the resolution process should be trauma-informed. As conversion practices result in trauma, the civil response must recognise this impact in all engagement with victim-survivors by making an explicit commitment to trauma-informed practice. This means upholding the autonomy and privacy of victim-survivors. We know conversion practices often rely on exploiting people through unequal positions of power; thus, it is essential that the civil response and resolution process does not replicate such power imbalances. Victim-survivors should be informed about the resolution process, how decisions impact them, and be made in collaboration with victim-survivors.

²² SOGICE Survivors (2020) 'Calling for action on: The LGBTQA+ conversion movement, Survivor Statement'. Report. July 2020. [Available here](#).

Section 2: Responses to common misconceptions about conversion practices

Individuals and groups who lobby against legislation which prohibits conversion practices often present counterarguments to denounce the legislation, which are not based in scientific evidence or fact²³. The spread of disinformation about LGBTIQA+ people and culture in Australia is often amplified through social media platforms and influential public figures for political gains when new legislation is proposed or passed. These are rarely genuine concerns around the legislation itself, its implementation, or impact on the public, but aim to only distract people from its purpose.

Whilst we do not want to indulge claims made in bad faith, as Tasmania's leading education and advocacy service for LGBTIQA+ Tasmanians, we have a responsibility to address harmful, inaccurate claims made about LGBTIQA+ people and our community. As such, we have provided a short response to some key arguments made against the Bill, which are grounded in disinformation.

We suggest any outright rejection of the Bill, or arguments made without credible evidence should not be considered as genuine criticisms of the Bill and only aim to dissuade endorsement of a Bill which would provide much needed protections from conversion ideology and its practices.

1. The Bill will not allow support for de-transitioners

In conservative circles, there is a fear that any legislation regarding conversion practices would inadvertently criminalise people who seek support others exploration of their gender, especially in the case of 'de-transitioners'²⁴. The term 'de-transitioning' is frequently applied (rightly or

²⁴ Exploring gender and sexuality is a normal aspect of human development and diversity. Some people may identify as *binary* transgender, who take steps to socially, legally, and/or medically transition to move away from their gender assigned at birth and live happily as a transgender man or woman. These same people may later, reach a point in their transition and feel that they would prefer living more closely to their previous gender, although this is rare. In contrast, 'de-transitioning' can also be understood as not "going back" to one's assigned gender at birth, but a part of an ongoing, positive journey of self-discovery, identity construction and self-acceptance.

wrongly) in popular media to people who experience regret after medically, legally, or socially transitioning.

So-called “detransition” narratives are weaponised by anti-trans lobbyists to cast doubt on the efficacy of gender-affirming care and to delegitimise the self-determination of trans and gender diverse people. The anti-trans lobby over-emphasises rates of people re-identifying as their gender assigned at birth in order to create barriers for trans people accessing gender-affirming care²⁵.

Research tells us that gender-affirming care has one of the highest satisfaction rates out of any treatment model in modern medicine, the regret rate *internationally* is consistently low⁴. The most common reason people choose to ‘detransition’ is due to external pressures and social factors⁵. [Interviews](#) with people who have stopped accessing gender affirming care did so because of the social consequences of being ‘out’ as transgender. For example, losing friends and family support, and/or because they had experienced transphobic abuse and violence.

When the topic of ‘detransitioners’ surfaces, particularly in relation to children and young people, it is a distraction at best, and an implicit admission at worst. The concern, raised by some submissions in response to this Bill, is not actually about “detransitioners” - but disallowing from dissuading or suppressing transgender children and young people, and those who are questioning or exploring their gender. For example, one submission said this Bill would ban people ‘from accessing assistance when they are reconsidering a transgender identity’²⁶. Providing emotional support to people questioning their gender, is not a conversion practice. Questioning, denying or refusing to acknowledge someone’s gender identity, limiting someone access to gender affirming care, or pressuring someone to consider “detransitioning” is a suppression tactic and should be prohibited.

If there are genuine concerns that the Bill would negatively impact people’s access to gender affirming care, then this strengthens **Recommendation 3**, which would support “detransitioners”.

²⁵ The Trans Justice Project (2025) ‘The Anti-Trans Disinformation Handbook: A handbook for media, civil society and Governments for combating anti-trans disinformation’. [Available here](#).

²⁶ The Australian Christian Lobby: Submission: Draft Conversion Practices Prohibition Bill 2026. Available [here](#).

2. Parental rights and “active watchful waiting”

There is a misconception that this Bill will infringe on parental rights when discussing gender and sexual identity with their children. In most cases, these arguments are around parental autonomy and their need to safeguard their transgender children from taking steps to transition, in fear that they will ‘make mistakes’ and regret their decisions later on. However:

Active Watchful Waiting’ is a rationale for monitoring cancer symptoms that the anti-trans lobby misuses in order to argue for denying, or greatly delaying, trans young people’s access to gender-affirming healthcare²⁷.

The “Active Watchful Waiting” framework is used to monitor the spread of cancer or health symptoms but is misapplied to transgender people because it positions being transgender as a pathology that needs to be ‘monitored’. ‘Waiting’ is simply denying young people access to gender-affirming care (such as puberty blockers), which has proven to cause extreme harm to their health, wellbeing, and [can lead to suicide](#). The “active watchful waiting” approach is unsuitable for the provision of gender-affirming care and is not aligned with best practice as, outlined by numerous health organisations²⁸.

Any submissions in response to the Bill which utilise this approach should not be considered legitimate criticisms, as it does not align with best practice. In fact, this concern **further solidifies the importance of Recommendation 2**.

3. The threat to religious freedom

Prohibition of conversion practices are often perceived by religious groups as the state intervening or silencing religious freedom. It is evident that the Bill is not designed to restrict the rights of religious people, groups, or doctrine. It does not aim to stop religious or spiritual practices, rituals, sermons, or alter or advocate against religious principles. *It is not a*

²⁷ The Trans Justice Project (2025) ‘The Anti-Trans Disinformation Handbook: A handbook for media, civil society and Governments for combating anti-trans disinformation’. [Available here](#).

²⁸ Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L., Deutsch, M. B. & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International journal of transgender health*, 23(S1), S1-S259.

conversion practice for people in religious settings to offer, spiritual guidance, counsel and support.

Common indicators of conversion ideology in religious settings are claims that LGBTIQ+ people are disordered, broken or spiritually incomplete, and that LGBTIQ+ people should change. Survivor-advocate groups have stated that when these beliefs circulate in religious settings, non-LGBTQ+ people, like family members or other church members, are encouraged to support the LGBTIQ+ person, which can result in smoothing the path for an LGBTIQ+ person to be coerced into taking part in actual conversion practices²⁹. This is not always the case, but LGBTIQ+ people often struggle to find peace with their sexual orientation or gender identity and reconciling this with their faith and within their church community³⁰. The Bill *is not* prohibiting religious doctrine or how a church, congregation, or community engages with their religious practice. It is specifically preventing the spread of false and misleading information, which leads to people being coerced into practices that do not work and are traumatic³¹.

It *is* a conversion practice to offer a service that is pseudoscientific, dressed in religious doctrine which aims to reinforce strict social norms around gender roles and sexuality. For example, a priest may state that being non-binary or homosexual is a result of "spiritual brokenness", which can be healed through prayer. In these instances, the underlying ideology is not actually religious at all – it is grounded in the belief that LGBTIQ+ people can and should change their sexual orientation and gender identity, it is just conducted through a spiritual lens and avenue.

Religious leaders may be concerned that this Bill threatens their right to provide religious and spiritual guidance. It is *not* a conversion practice for a religious leader to discuss a person's relationship with their gender, sexuality, body, religion, connection with family and others within the religious community.

It *is* a conversion practice when, for example, a religious leader diagnoses someone as having 'gender incongruence' or 'lustful thoughts' and claim they can 'heal' or 'fix' this through prayer, ceremony or other religious means. It *is* a conversion practice because it is pseudoscientific and claims to provide a diagnosis and prescription to 'heal' something that is not recognised as a mental illness and only caused harm. Religious leaders who do not have medical training or

²⁹ Clark, M., & Gogarty, B. (2024). Searching the reins and hearts: Conversion practices reforms in Australia. *The University of New South Wales Law Journal*, 47(1), 5-37.

³⁰ Many Christian [online blogs](#), self-help websites for example, try to guide those in distress who risk 'temptation, sins of the heart/mind, and sins of the body', which need to be fought 'to keep straight'.

³¹ Power, J., Jones, T. W., Gurtler, P., Douglas, F., Jones, T., Despott, N., Pallotta-Chiarolli, M., Anderson, J. (2026). Religion and transgender experiences of belonging: The impact of conversion practices on trans survivors. *International Journal of Transgender Health*, 27(4), 1907–1921. <https://doi.org/10.1080/26895269.2025.2498757>

qualifications are not competent and cannot diagnose, provide therapeutic support, or offer a service one is not qualified for. Anyone, regardless of environment or context, cannot provide therapeutic support without the appropriate qualifications.

Prohibiting ‘reparative therapy’ (or the like) is not an infringement of religious rights and freedoms because it is not about regulating the religious leader’s beliefs, or the spiritual or religious elements. It is banning the promotion of pseudoscience, offering services without qualifications, and minimising harmful activity which is being conducted through the illusion of religious or spiritual intervention.

The concern that the Bill is a threat to religious freedom supports **Recommendation 4**, as faith-based environments should take active steps to prevent conversion practices. In implementing a positive duty, those in religious settings would have greater clarity around their rights to spiritual practice and freedom of religion due to being informed about what *is* and *what is not* a conversion practice.

4. People should be able to consent to conversion practices

It is not uncommon in faith-based settings for people to believe that individuals should deserve the right to voluntarily engage in conversion practices. Due to the cultural dynamics of faith-based settings, it can be difficult for vulnerable individuals to identify conversion practices, or foresee them as abusive, or harmful. A study from Aotearoa/New Zealand frame conversion practices as a form of ‘spiritual abuse’ because they invoke similarities to the dynamics of family and intimate partner violence. This is because the techniques used by perpetrators will coerce people to ‘voluntarily’ engage in conversion practices through:

- ❖ **‘Spiritual entrapment’**: is a form of psychological abuse where an individual’s ability to make an informed decision is questioned because they are told by others, they are mentally unwell, or that they are being influenced by evil forces (such as demonic possession).
- ❖ **‘Structural entrapment’**: institutional support, inaction and indifference to conversion practices allow for these to occur. Survivors may not be able to distinguish conversion or see these as harmful due to the power of authority of the institution, which is not consent.

- ❖ **‘Social entrapment’:** pervasive measures to socially isolate LGBTIQ+ people, which prevent them to acquire interpersonal skills to live independently as adults external to the faith environment. This creates a reliance on the faith community for survival and pressures them to engage in conversion practices. Threats of excommunication and punishment of the individual’s family are also used to keep victims-survivors engaged in conversion, which compromises any ability to provide consent.
- ❖ **Collusion:** mechanisms of conversion ideology is through “othering” individuals or behaviours through theological and spiritualised dictates, which rely on the support from other members of the faith. Family members, friends or other members of the faith community collude to encourage conversion (which sustains other forms of entrapment), which is coercive and not consent.

The majority of survivors from conversion practices do “willingly” participate in various forms of conversion practices, but this is not consensual. The coercive control tactics, such as entrapment and institutional indifference, are pervasive mechanisms that prevent the identification of conversion practices, impede disengagement from conversion and creates barriers to leaving the faith-based community where they occur³². In the case of non-faith-based conversion practices, individuals may also “voluntarily” engage in these activities, but are only able to recognise the psychological, financial and emotional abuse they experienced only after they have left their abusive environments.

As conversion practices cause extensive harm to vulnerable individuals, who are often in environments where their personal autonomy is restricted (which compromises their ability to provide informed consent), no individual has the right to consent to conversion practices

Submissions against the Bill that suggest people should be able to consent to conversion practices illustrates the need for **Recommendation 5** and **7**. Without these recommendations, the coercive mechanisms of conversion practices will continue, without a pathway to protect survivors, or seek redress for harm.

³² Roguski, M., & Atwool, N. (2024). Conversion practices in Aotearoa New Zealand: Developing a holistic response to spiritual abuse. *PLoS one*, 19(5), e0302163. <https://doi.org/10.1371/journal.pone.0302163>

Summary

As conversion practices continue in Tasmania, we believe strong legislation is required to prevent and disrupt harmful conduct within the community. Our recommendations aim to strengthen the Bill to better reflect the diversity of the community, which are informed by lived-experience advocacy and research. With these adjustments, particularly the implementation of a [Redress Scheme](#), the Bill will be better equipped to respond to reports after the Bill has come into effect. We endorse the purpose of the Bill and believe that it will contribute to a more positive, inclusive, and safe future for LGBTQA+ people in the Tasmanian community.



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