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Response to Greens Consultation on Conversion Practices Prohibition Bill 2026, Tasmania

LGB Alliance Australia is a group of lesbians, gay men and bisexuals who advocate for the rights and interests of people with same-sex sexual orientation. We were established in 2021 in response to the growing influence of groups espousing policies harmful to LGB communities. We believe our hard-won victories are now under threat. We believe that biological sex is observed in the womb or at birth and is not assigned. In our view, current gender ideologies are pseudo-scientific and present a threat to people whose sexual orientation is towards the same sex, and in the case of bisexuals, to both sexes. We also believe that these ideologies are confusing and dangerous to children.

We welcome the opportunity to respond to the consultation on the Conversion Practices Prohibition Bill 2026.

We support a ban on conversion practices directed at sexual orientation. The history of such practices is one of documented harm to same-sex attracted people, and we support their prohibition. Our concern with this Bill is not its objective, which we share, but whether, by addressing sexual orientation and gender identity together, it adequately protects the distinct interests of same-sex attracted people.

Our position on gender identity is twofold. In our view, it should be excluded from this Bill. Should this fail, the provisions dealing with gender identity should be improved to address the shortcomings we identify.

Gender Identity

The rest of this submission deals with specific defects in the Bill and how they might be fixed. This section raises a larger problem, and one that would remain even if every other defect were corrected. It is the decision to legislate for sexual orientation and gender identity in the one Act, under the same offences and the same principles. We ask the Parliament to consider this problem before the Bill goes further.

Sexual orientation and gender identity are not the same kind of thing. Sexual orientation is who a person is attracted to. It is settled early and rarely changes. Gender identity, as this Bill defines it, is a person's own sense of their gender, and on the Bill's own wording it may change over time. It makes sense to prohibit attempts to change something fixed. It makes much less sense to prohibit attempts to influence something that is not fixed, because an ordinary conversation about a changing thing can too easily be called an attempt to change it.

This matters most in clinical care. A therapist who asks a distressed young person what else might be going on, or who counsels caution before any irreversible step, has done nothing to that person's sexual orientation. But where the ban covers gender identity, the same caution can be reported and

treated as suppression. The result, already seen in Victoria, is that clinicians stop taking these patients, and families cannot find help. We set out the evidence for this below, from the Australian Medical Association (AMA), the Royal Australian College of General Practitioners (RACGP), and the Family Law case of *Re: Devin*.

Our particular concern is for same-sex attracted people. Many young people who are distressed about their gender are same-sex attracted, and many, if left alone, would grow up to be gay, lesbian or bisexual. Where the law makes affirmation the *only* safe response, it can move these young people onto medical pathways and towards living as the opposite sex. This is the modern conversion practice described below and it is the one that now most concerns LGB people. A Bill meant to protect people on the basis of sexual orientation should not work against them in this way.

Removing gender identity from the Bill would not leave it unprotected. Gender identity remains a protected attribute under the Anti-Discrimination Act 1998, and coercion, assault and the abuse of children are already crimes. The question is whether a conversion-practices ban is the right way to deal with gender identity at all, and if it is, whether it should sit in the same Act as the protection for sexual orientation. This is the most important question we raise. Our position, as set out above, is that gender identity should be excluded from this Bill and the legislation confined to sexual orientation. Only if it is retained do the specific provisions that follow fall to be improved.

We note that, in Australia, traditional conversion practices directed at same sex attracted people appear to have declined over time, and research suggests the number of people who have experienced them is relatively small. This represents some progress.

Interstate data have not shown any further decrease in conversion practices due to Conversion Banning legislation in these states.

However, the modern era has produced a new form of conversion practice: transitioning. Same sex attracted people, particularly the young, are being coerced and encouraged, often on-line, to change their apparent sex through transition. As a consequence, their sexual orientation is often recast as an apparent heterosexual one. Gender questioning, confused or gender non-conforming young people especially are assumed to be trans when the reality is that to be confused about sex and sexuality is normal for LGB young people (and autistic people too). Where they are supported through normal puberty many or most will likely grow up as same sex attracted people who are OK with their bodies as they are.ⁱ

A high proportion of those who transition are same-sex attracted and/or autistic and will face lifelong medical consequences. Premature medicalisation and an affirmation *only* approach to gender affirming care are modern conversion practices, in respect of sexual orientation.

This highlights a major problem with this proposed legislation. Because it tries to address conversion practices against gender identity and by sexual orientation together, it fails to address where orientation and gender identity clash. Appropriate legislation should deal with all kinds of conversion practices but the one that now concerns LGB people the most, is not addressed or mentioned at all.

Consistent with our position above, this is best achieved by confining the Bill to practices that affect sexual orientation and dealing with gender identity separately, rather than addressing the two together in the one Act.

The remainder of this submission examines the proposed Act in the order in which the issues appear. These points stand on their own, but they matter most as a fallback: if Parliament does not deal with gender identity separately, the provisions that follow should at least be improved as we set out below.

Objects of the Act: (page 6)

A principal weakness of the Draft Bill is that it is trying to cover two different and sometimes opposing actions (1) prohibiting practices directed at changing or suppressing a person's sexual orientation and (2) prohibiting practices directed at changing or suppressing a person's gender identity.

Gender affirming care is seen by trans activists as a positive action while at the same time for same-sex attracted people it is a conversion practice where it affects that person's sexual orientation. A same-sex attracted person who undergoes transition is effectively presented as heterosexual.

Questions

- Is the intention of the Act to prevent all kinds of conversion practice or only some? If only some, which ones and why?
- How could the Bill protect same sex attracted people who are being coerced into transitioning?
- How would the Anti-discrimination Commissioner prohibit gender affirming care and transitioning as conversion practices?
- How would the Bill address de-transitioning?

Tasmania has an increasing number of detransitioners and desisters who need assistance and health care and other support. Detransitioners have changed their gender identity. Would detransitioning be seen as a conversion practice? Would the actions of health care providers and others who assist detransitioners be criminal acts?

Gender identity is sometimes "fluid" and variable in a way that is not usually the case with sexual orientation. This difference highlights the problem of addressing both types of conversion practices together.

Under the objects of the Act, many new functions are conferred on the Anti-Discrimination Commissioner. The five-year review in Victoria of similar legislation showed no prosecutions in more than four years of operation. In that light, we question whether establishing an extensive new regulatory and investigative framework is a proportionate use of public resources.

Interpretation

Interpretation in this Act (page 7) is to be the same as in the Anti-discrimination Act 1998 as follows:

gender identity means the gender-related identity, appearance or mannerisms or other gender-related characteristics of an individual including gender expression (whether by way of medical intervention or not), with or without regard to the individual's designated sex at birth, and may include being transgender or transsexual;

This definition is inadequate. It is a circular definition that essentially says gender identity is gender identity. It needs instead to describe what gender identity actually is.

Meaning of Conversion Practice: (page 9)

In this section it says a “conversion practice means a practice or conduct directed towards a person whether **with or without** the person’s consent.....”.

The legislation should differentiate here between **children** where “with or without” makes sense, and **adults** where it does not make sense, unless they are particularly vulnerable. In the area of gender identity it is apparent that people choose to change their gender identity in many and varying ways, and the law currently allows this. It does not make sense to therefore undermine their capacity to do so by somehow claiming that consent does not have meaning here, either for the person themselves or anyone they have contact with who provides services. The law should not assume that an adult citizen is not capable of making choices and that the state knows better than the person what constitutes their identity or sexual orientation at that time. Detransitioners here need to be supported not criminalised.

For children however consent is something that they cannot be able to do in this case because they lack the life experience, the mental capacity and the understanding to make this or similar decisions.

In section 2 “it is irrelevant whether a practice or conduct directed towards a person on the basis of the person’s sexual orientation or gender identity is based on an incorrect assumption or belief about the person’s sexual orientation or gender identity”. What does “incorrect” mean? If gender identity is variable and varying how can anyone, or the state, make a decision on what is correct or not? This is best left to the courts to decide on a case-by-case basis.

In the case of a prosecution the magistrate or judge and jury can make a decision about mitigating factors in a specific instance instead. This section should be deleted.

Conversion Practices (exclusions) (page 10)

A conversion practice does not include...(page 10)

- (a) *a health service provided by a registered health practitioner that –*
 - i. *the registered health practitioner has assessed as clinically appropriate for a person, in the registered health practitioner’s reasonable professional judgement; and*
 - ii. *complies with all relevant legal, professional and ethical requirements; or*
- (b) *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;*

Health services are a problematic area. At the five-year review of the similar legislation in Victoria, representations by the Australian Medical Association Victoria (AMA VIC) and the Royal Australian College of General Practitioners (RACGP), while supporting the objective of the legislation, raised concerns about its effect on clinical practice. The AMA emphasised the need for clarity, while the RACGP described a chilling effect on the care its members provide.

The AMA sees the legislation as having “the potential to affect legitimate clinical practice” and that clarification is needed as to “what constitutes prohibited conduct as distinct from ordinary therapeutic practice.”ⁱⁱⁱ

The RACGP, after pointing out that gender diverse people “experience substantial health inequities, including higher rates of cardiovascular risk factors, smoking, and mental health conditions such as

autism spectrum disorder, Attention-Deficit Hyperactivity Disorder (ADHD), depression, anxiety, borderline personality disorder and complex trauma”, go on to say:

“Most GPs have limited understanding of the Act and there is significant uncertainty and concern among the profession about the potential for criminal prosecution.” The RACGP is concerned that the Act may be “creating barriers to care”.

RACGP members raised concerns that routine clinical practices could be misinterpreted as suppression practices, for example exercising caution when considering hormone prescribing, inadvertently using incorrect pronouns, asking questions relating to gender identity or sexual orientation, referring a patient to a therapist, asking about sex at birth, and advising a patient about the potential impacts, benefits and risks of gender-affirming medical treatment and alternative options.ⁱⁱⁱ

The chilling effect of the provision of health services is evidenced in the court case *Re: Devin* [2025] FedCFamC1F 211 where the father gave evidence that he had “contacted very many (in fact, he said, ‘hundreds’ of) therapists who were not interested in treating children with gender issues, because of the Change or Suppression (Conversion) Practices Prohibition Act and like pressure, until he located Dr R, based in State T, who is willing to do so.”^{iv}

The wording of what a conversion practice does not include, needs to accommodate the requirements of health practitioners so that they are able to provide services without fear of prosecution. This issue particularly affects transgender people who after transition have a significant increase in serious mental health issues which will need to be able to be addressed. This Act should not reduce the chance of Tasmanians to be able to receive health services.

The exemption is also drawn too narrowly. By protecting only registered health practitioners, it leaves out the very people to whom same sex attracted and gender questioning individuals most often turn to - counsellors and others who provide talking-based support.

Many are registered with professional bodies that require training and ethical standards, yet under this Bill they would work without the protection their medical colleagues enjoy. We recommend the exemption be widened to include counsellors and other registered practitioners who provide these services.

Principles (Page 12)

(b) “all people, regardless of sexual orientation or gender identity, should be welcomed, valued and respected, and should be able to live authentically and with pride;”

The principles should make legal sense. The terminology here is vague and imprecise. We recommend replacing “live authentically and with pride” with “with safety and dignity.”

(c) “a person’s sexual orientation or gender identity is not broken and does not require fixing, changing or suppression;” - this is a problematic principle as Tasmanians can and do change their gender identity and our laws and practices allow this. Delete this principle.

(d) “no sexual orientation or gender identity constitutes a disorder, disease, illness, deficiency or shortcoming.”

While it is not common for people to change their sexual orientation, it is not uncommon to change your gender identity. Gender identity also commonly includes those with gender dysphoria which is a disorder as mentioned in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*.^v This should be rewritten to acknowledge that gender identity can change over time, that some Tasmanians may come to regret past decisions, and that detransitioners must be free to seek help without that support being treated as a conversion practice.

Summary

This draft Bill is not fit for purpose.

Our position is twofold. First, gender identity should be excluded from this Bill and the legislation confined to sexual orientation. Second, and only if gender identity is retained, the provisions dealing with it should be improved to address the shortcomings identified in this submission.

It does not address the problem of the clash between the rights and expectations of same-sex attracted people and transgender people, and those who provide health and other care for them.

It makes no mention of on-line activity which is the most common arena for coercion and bullying and active conversion practices.

The chilling effect of similar legislation in other states has affected health care services and Tasmania cannot afford to have any further reduction in these services, especially when psychological and psychiatric care is already under significant pressure.

Non-medical health practitioners need to be included.

Given that there have been no prosecutions in other states, we question whether conferring an extensive new set of functions on the Anti-Discrimination Commissioner is a proportionate use of public resources.

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References

ⁱ Riittakerttu Kaltiala-Heino, Hannah Bergman, Marja Työläjäarvi and Louise Friséen, 'Gender Dysphoria in Adolescence: Current Perspectives' (2018) 9 Adolescent Health, Medicine and Therapeutics 31, 34.

"Evidence from the 10 available prospective follow-up studies from childhood to adolescence ...indicates that for ~80% of children who meet the criteria for GDC, the GD recedes with puberty. Instead, many of these adolescents will identify as non-heterosexual."

ⁱⁱ Australian Medical Association (Victoria), Submission No 121 to Victorian Law Reform Commission, Focused Review of How the Change or Suppression Practices Ban Is Working (24 March 2026).

ⁱⁱⁱ Royal Australian College of General Practitioners (Victoria), Submission No 196 to Victorian Law Reform Commission, Focused Review of How the Change or Suppression Practices Ban Is Working (2026).

^{iv} Re Devin [2025] FedCFamC1F 211, [21] (Strum J).

^v American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association Publishing, 5th ed, text revision, 2022) ('DSM-5-TR'). DSM-5-TR is the primary diagnostic classification tool used in the United States. Globally it is often used alongside the International Classification of Diseases, published by the World Health Organization.