

WOMEN SPEAK TASMANIA

ANALYSIS OF THE CONVERSION PRACTICES PROHIBITION BILL 2026

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1. INTRODUCTION

Women Speak Tasmania (WST) supports protection from coercive, abusive and degrading practices directed at a person's sexual orientation. The history of attempts to shame, punish or forcibly alter same-sex attraction provides a legitimate basis for legal protection.

The central question is whether the **Conversion Practices Prohibition Bill 2026**¹ has identified with sufficient precision the conduct that Parliament intends to prohibit and whether it is appropriate to attach criminal, regulatory, organisational and potentially unlimited civil consequences to a definition that remains uncertain.

WST considers that the problem begins with the Bill's foundations.

The Bill does not merely prohibit specified abusive practices. It defines a "conversion practice" by reference to conduct directed at a person on the basis of **sexual orientation or gender identity**, for the purpose of changing, suppressing or eradicating that orientation or identity, or inducing the person to do so.

It then builds a substantial legal framework around that definition.

Section 10 creates the general prohibition. Section 11 imposes a positive duty. Sections 12 and 14 create indictable offences where a conversion practice causes injury and the person is negligent as to that injury. Section 16 creates an advertising offence. Section 19 creates criminal liability for employers and principals in specified circumstances. Sections 27 and 39 allow reports and investigations, including investigations initiated by the Commissioner. Sections 48 onwards provide compliance and enforcement mechanisms. Section 54 creates vicarious liability in the civil/regulatory scheme, including in relation to volunteers.

¹ Conversion Practices Prohibition Bill 2026
https://www.parliament.tas.gov.au/_data/assets/pdf_file/0021/111288/45-of-2026.pdf

The consequential amendments extend the reach of the legislation further, including into child-safety law, the Criminal Code, health complaints, anti-discrimination law and limitation and civil-liability legislation.

The more serious the consequences, the greater the need for a clear definition.

WST considers that this Bill does not yet provide that clarity.

2. WHAT EXACTLY IS BEING PROHIBITED?

Section 5 provides that a conversion practice is a practice or conduct directed towards a person, **with or without their consent**, on the basis of sexual orientation or gender identity, for the purpose of:

- changing, suppressing or eradicating the person's sexual orientation or gender identity; or
- inducing the person to change, suppress or eradicate their sexual orientation or gender identity.

Section 5(2) further provides that it is irrelevant whether the practice is based on an incorrect assumption or belief about the person's sexual orientation or gender identity.

The Bill then identifies conduct which does not, of itself, constitute a conversion practice. These provisions protect, among other things, public debate, religious expression and prayer, parents discussing sexual orientation or gender identity with children, health practitioners providing information about treatment and non-treatment options, health practitioners assisting identity exploration, and discussion of a person's desire to detransition, desist, reverse, discontinue or modify transition.

These safeguards are important.

But they also expose the central drafting problem.

If Parliament must enumerate what is *not* a conversion practice in order to explain the operation of the prohibition, what precisely remains prohibited?

Emeritus Professor Patrick Parkinson's analysis² identifies this problem directly. He notes that the Bill "neither defines the problem clearly nor gives any examples of it" and argues that it attempts to define what it intends to prohibit largely by describing conduct that it does not intend to prohibit.

² Emeritus Prof. Patrick Parkinson AM
<https://drive.google.com/file/d/1aCQbdjU33ZD5R98dXztBJcTae4WDkwEn/view>

That is particularly important where criminal offences are attached to the definition.

The Bill should identify the prohibited conduct itself rather than leave Parliament's intended boundaries to be reconstructed from a series of exclusions.

Other Australian legislation provides a useful contrast. Parkinson notes that Queensland's legislation contains examples of practices Parliament intends to prohibit, including techniques involving nausea or paralysis while exposing a person to same-sex images, shame or coercion intended to create an aversion to same-sex attraction, and techniques encouraging a person to regard being lesbian, gay, bisexual, transgender or intersex as a defect or disorder.

Whether Parliament ultimately chooses exactly those examples is a matter for Parliament. The important point is that **specific examples allow citizens, clinicians, parents, organisations and courts to understand what Parliament is targeting.**

WST considers that the Tasmanian Bill should not leave that fundamental question unresolved.

3. SEXUAL ORIENTATION AND GENDER IDENTITY ARE NOT INTERCHANGEABLE CONCEPTS

The Bill combines sexual orientation and gender identity within the same prohibited practice.

That decision requires much greater examination than it has received.

Sexual orientation concerns patterns of emotional, affectional and sexual attraction and relationships. Gender identity concerns a person's internal sense of gender³. They can intersect in an individual's life, but they are not identical concepts.

This distinction matters legally and clinically.

A law dealing with coercive attempts to change a person's same-sex attraction is addressing a different phenomenon from a law regulating how clinicians, parents or counselors respond when a person is experiencing gender distress or uncertainty about identity.

The Bill itself recognises that gender identity may involve exploration and change.

³ Tasmania Anti-Discrimination Act
<https://www.legislation.tas.gov.au/view/whole/html/inforce/current/act-1998-046>

Section 5(3)(b) protects genuinely facilitating coping skills, development or identity exploration. Section 5(4)(h) protects health practitioners helping a person explore their identity without directing, predetermining or seeking to influence the outcome. Section **5(4)(i) expressly recognises that a person may later wish to detransition, desist, reverse, discontinue or modify a social or medical transition.**

The law therefore recognises that identity development may not be a simple linear process.

That reality must be reflected in the core definition, not merely in exceptions to it.

4. THE EVIDENCE CONCERNING YOUNG PEOPLE IS STILL DEVELOPING

This is not an argument that gender-related care is necessarily harmful. Nor is it an argument that medical treatment should never be provided.

It is an argument for legal caution while the evidence is still being assessed.

Australia's own national evidence-review process demonstrates the point.

The National Health and Medical Research Council⁴ commenced development of national clinical practice guidelines for the care of trans and gender diverse people under 18 with gender dysphoria in 2025. The review is being conducted using the GRADE methodology and includes systematic evidence review, multidisciplinary expertise, stakeholder consultation and public consultation.

NHMRC states that its evidence review is ongoing. Interim advice concerning puberty suppression is expected to be released for public consultation in late 2026; the full draft guidelines are expected for consultation in late 2027, with final publication anticipated in 2028.

NHMRC has expressly stated that additional time was required because this is a "complex and evolving area of healthcare" requiring careful assessment of the available evidence.

This is highly relevant to the Bill.

⁴ NHMRC: evidence review is ongoing; interim puberty-suppression advice is expected for consultation in late 2026, full draft guidelines in late 2027 and final guidelines in 2028. NHMRC itself describes the area as complex and evolving and says additional time was needed to assess the evidence.
<https://www.nhmrc.gov.au/health-advice/guidelines-care-trans-and-gender-diverse-people/communication>

Parliament is considering legislation in 2026 that may affect clinical assessment and therapeutic practice involving gender identity while Australia's principal national medical evidence-review body is still undertaking the evidence review.

The prudent legislative response is therefore to preserve legitimate clinical inquiry rather than create uncertainty about whether inquiry itself may later be characterised as suppression.

5. WHAT THE INTERNATIONAL EVIDENCE ACTUALLY SHOWS

Finland provides an important example of why caution and continuing evaluation are necessary.

A nationwide Finnish register study examined **2,083 people under 23** who contacted specialised gender identity services between 1996 and 2019, together with **16,643 matched controls**.

The cohort had a mean age of 18.5 years, with a median of 19 and a range of 8–22 years. **38.2% (796)** underwent medical gender reassignment.

The 2024 mortality analysis⁵ recorded **55 deaths, including 20 suicides**. The gender-referred group had a higher proportion of suicide deaths than controls (0.3% compared with 0.1%), but after adjustment for psychiatric treatment history, the study did not find a statistically significant difference in all-cause or suicide mortality. The authors therefore cautioned against treating the observed association as evidence that medical transition itself either causes or prevents suicide.

This is important because it demonstrates why individual findings must not be turned into simplistic claims in either direction.

The same Finnish population has now been examined in a 2026 register study of psychiatric morbidity.⁶

Before referral, specialist-level psychiatric treatment had occurred in **45.7% of the gender-referred group compared with 15.0% of controls**.

Two or more years after referral, the figures were **61.7% compared with 14.6%**.

⁵ Finnish mortality study: 2,083 gender-referred people, 16,643 controls, 55 deaths including 20 suicides, with the suicide proportion 0.3% versus 0.1%.

<https://mentalhealth.bmj.com/content/ebmental/27/1/e300940.full.pdf>

⁶ Finnish psychiatric-morbidity study: 2,083 cases and 16,643 controls; 45.7% versus 15.0% before referral and 61.7% versus 14.6% at ≥2 years; 38.2% underwent medical gender reassignment.

<https://pubmed.ncbi.nlm.nih.gov/41934366/>

Among those who underwent medical gender reassignment, specialist psychiatric treatment increased during follow-up from **9.8% to 60.7%** among those undergoing feminising reassignment and from **21.6% to 54.5%** among those undergoing masculinising reassignment.

These findings do not establish that medical gender reassignment caused the psychiatric morbidity. The study is observational and psychiatric needs existed at high levels before referral. Indeed, after adjustment for prior psychiatric treatment, the researchers continued to find elevated psychiatric morbidity among the gender-referred group.

The important point for Parliament is different:

The evidence demonstrates continuing and substantial psychiatric complexity, not a simple clinical question with a settled answer.

The appropriate response to such evidence is careful assessment, long-term follow-up and protection for clinical inquiry.

It is not to create a legal environment in which a clinician who explores alternative explanations for distress may fear that the exploration itself could later be characterised as an attempt to suppress gender identity.

6. SEXUAL ORIENTATION IS PART OF THE DEVELOPMENTAL CONTEXT

The Bill's treatment of sexual orientation and gender identity also creates a particular problem for adolescents because sexuality itself can develop and be expressed in different ways during adolescence.

A three-year longitudinal study of **744 adolescents** found that **26% of girls and 11% of boys** reported fluidity in self-labelled sexual identity, while **31% of girls and 10% of boys** reported fluidity in romantic attraction⁷.

Among those whose identities shifted between heterosexual and sexual-minority labels, the changes occurred in both directions.

This does not mean that sexual orientation is simply a choice or that same-sex attraction should be treated as something that can or should be changed. It demonstrates that adolescent sexuality can involve development, exploration and changes in self-description.

⁷ Developmental patterns of sexual identity, romantic attraction, and sexual behavior among adolescents over three years <https://pmc.ncbi.nlm.nih.gov/articles/PMC6885553/>

Research specifically examining gender-diverse youth also demonstrates that sexuality is not uniform within that population⁸.

A school-based study of **4,207 adolescents** found that 281, or **9.1%**, were classified as gender diverse. Of the gender-diverse group, **45% of transmasculine youth and 58% of transfeminine youth identified as heterosexual**, while **91% of non-binary youth identified as sexual-minority youth**.

The researchers concluded that sexuality among gender-diverse youth is complex and warrants individualised approaches to sexual and reproductive healthcare.

This matters directly to the Bill.

It is not legitimate to assume that a young person's gender distress tells a clinician what their sexual orientation is. Nor is it legitimate to assume that questioning sexuality constitutes an attempt to convert a person.

A clinician may need to ask about attraction, relationships, sexuality, trauma, anxiety, depression, family circumstances, social pressures and other aspects of a young person's life when trying to understand distress.

The law must not discourage those questions.

7. THE PROBLEM BECOMES ACUTE WHEN A PERSON'S IDENTITY CHANGES OVER TIME

The Bill's own language recognises that people may desist, detransition, reverse, discontinue or modify transition.

Yet the evidence concerning detransition remains limited.

A 2025 systematic review⁹ examined **15 observational studies involving 3,804 children and adolescents and 3,270 adults**. The studies reported point-prevalence ranges of:

- **0.8–7.4%** for changes in treatment requests before treatment;
- **1–7.6%** for puberty-suppression discontinuation; and
- **1.6–9.8%** for gender-affirming hormone discontinuation.

⁸ Sexual orientation among gender diverse youth: n=4,207; 281 (9.1%) gender diverse; 45% of transmasculine and 58% of transfeminine youth identified as heterosexual, while 91% of non-binary youth identified as sexual-minority youth. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10748722/>

⁹ Prevalence of detransition in persons seeking gender affirming hormonal treatment <https://academic.oup.com/jsm/article-abstract/22/2/356/7933251>

The review did **not** present these figures as a definitive detransition rate. The studies were heterogeneous, used different definitions, often had small samples, limited follow-up, and other methodological limitations. The authors concluded that **detransition had been insufficiently investigated and called for long-term follow-up.**

This is precisely the kind of evidence Parliament should take seriously.

Where a law expressly recognises detransition and desistance, Parliament should ensure that people are free to discuss and reconsider their experiences without fear that earlier counselling will retrospectively be characterised as unlawful conversion.

8. THE INTERACTION WITH TASMANIA'S LEGAL DEFINITION OF GENDER

There is a further Tasmanian problem which makes the Bill's language particularly important.

Schedule 1 does not merely prohibit conversion practices. It also changes the definition of **sexual orientation** in the Anti-Discrimination Act 1998.

The existing definition refers to heterosexuality, homosexuality and bisexuality.

The Bill would replace that definition with one referring to emotional, affectional and sexual attraction to persons of a "different gender", the "same gender" or "more than one gender", as well as absence of attraction.

This is a substantive change in statutory language.

It also interacts with Tasmania's Births, Deaths and Marriages Registration Act 1999¹⁰.

Under that Act, sex remains registered as male or female, and registered sex cannot generally be changed except to correct an error. Separately, however, a person aged 16 or over can apply to register a specified gender by making a gender declaration, without being required to provide medical documentation concerning sex, sexual characteristics or gender.

Section 28D provides that, subject to statutory exceptions, a person with a registered gender is a person of that gender for the purposes of Tasmanian law. It also provides that references to a person's sex in Tasmanian law are generally taken to refer to registered sex or registered gender, subject to exceptions.

¹⁰ Tasmanian gender-registration framework: the interaction discussed above is based on the current Births, Deaths and Marriages Registration Act 1999, particularly ss16, 28A and 28D.
<https://www.legislation.tas.gov.au/view/html/inforce/current/act-1999-058>

The interaction is therefore significant.

The proposed definition of sexual orientation uses the concepts of "same gender" and "different gender".

Tasmanian law separately permits a person's registered gender to change and provides that registered gender can affect how references to sex and gender operate in Tasmanian law.

Parliament should therefore ask:

Does a change in a person's legal gender have any effect on the statutory classification of their sexual orientation under the proposed definition?

If so, what happens when that legal gender later changes again?

This is not an argument that changing legal gender literally changes a person's underlying sexual attraction.

It is a question of statutory construction.

The Bill would create a legal relationship between **gender identity, registered gender and the definition of sexual orientation** without explaining the consequences of that relationship.

That is a serious drafting issue in a Bill that subsequently attaches criminal and civil consequences to conduct said to concern sexual orientation or gender identity.

9. SECTION 5(2) MAKES PRECISION EVEN MORE IMPORTANT

The problem is compounded by section 5(2), which provides that it is irrelevant whether the conduct was based on an incorrect assumption or belief about the person's sexual orientation or gender identity.

Consider a young person who presents with gender distress.

A clinician explores the person's sexuality and relationships, considers whether same-sex attraction may be relevant to the person's experience, discusses mental health and other possible causes of distress, and recommends time for further assessment.

The person later identifies as transgender.

Conversely, consider a person who transitions and later identifies as lesbian or gay and concludes that their earlier understanding of themselves was mistaken.

The point is not that either example automatically constitutes a conversion practice.

The point is that **the Bill must clearly protect the legitimate clinical process through which people arrive at those conclusions.**

Otherwise, the law risks judging an earlier professional interaction through the lens of a later identity.

That is particularly concerning when the Bill itself recognises that identity may develop, change or be reconsidered.

10. PROTECTION FROM CONVERSION MUST NOT BECOME PROTECTION FROM CLINICAL INQUIRY

There is a critical distinction between attempting to force a person away from an unwanted sexual orientation or gender identity and helping a person understand themselves.

The Bill already recognises this distinction in sections 5(3) and 5(4).

However, those protections sit underneath a broad foundational definition.

A registered health practitioner is protected where the practitioner, in good faith, considers the health service appropriate and complies with relevant legal, professional and ethical requirements.

Health practitioners are also protected when providing information about treatment and non-treatment options, including benefits, risks, limitations and uncertainties, and when helping a person explore identity without directing or predetermining an outcome.

Parliament should ask whether they are sufficiently clear to provide confidence to clinicians, parents and patients when the evidence and individual circumstances are uncertain.

A law should not force clinicians to choose between being accused of attempting to change an identity and being accused of failing to affirm one.

The purpose of clinical care should be to understand the individual patient, not to predetermine the answer.

11. THE CONSEQUENCES OF UNCERTAINTY ARE SUBSTANTIAL

The definitional problem cannot be separated from the Bill's enforcement provisions.

Section 10 establishes the general prohibition without requiring injury as an element.

Section 12 creates an indictable offence where a person intentionally engages in a conversion practice, causes injury and is negligent as to that injury.

Section 19 extends criminal liability to employers and principals in specified circumstances.

Sections 27 and 28 allow a person to report an alleged conversion practice whether or not that person was affected by it.

Section 39 allows the Commissioner to initiate an investigation on the Commissioner's own initiative, with or without a report.

Following investigation, the Commissioner can take no action, accept an enforceable undertaking, issue a compliance notice or publish a report containing findings and recommendations.

Section 54 creates vicarious liability within the civil response scheme, including where a natural person engages in a conversion practice in the course of employment or volunteering.

These are significant powers.

The Bill also applies extra-territorially where there is a real and substantial link with Tasmania.

There is nothing inherently wrong with investigation or enforcement powers where Parliament has identified a clearly defined harm.

The problem arises when the powers are built upon an uncertain underlying concept.

An unclear definition does not remain a drafting problem. It becomes a problem for every person who must interpret and comply with the law.

12. CIVIL LIABILITY AND RETROSPECTIVE CLAIMS

The consequential amendments create another reason for caution.

The Bill amends limitation and civil-liability legislation to permit actions for personal injury arising from or related to a conversion practice directed towards a person when they were a minor.

The proposed framework removes the ordinary limitation barrier for these claims.

This means that an allegation concerning conduct occurring during childhood may potentially be pursued many years later.

That may be justified in areas such as child abuse where Parliament has carefully identified the underlying conduct and the evidentiary reasons for removing limitation periods.

But it makes legal precision even more important.

The longer the period between an alleged event and a claim, the more difficult it can become to locate witnesses, recover records and fairly test disputed accounts.

If the underlying concept of a conversion practice is itself uncertain, those difficulties are magnified.

The same concern applies to organisations and volunteers who may be exposed to liability long after the relevant events.

Parliament should not create potentially lifelong civil exposure around a concept whose boundaries remain uncertain.

13. THE LANGUAGE OF LEGISLATION MATTERS

Influential philosopher Josef Pieper warned that language becomes dangerous when it stops describing reality and is used to reshape it instead:

“To use language to obscure reality—to show indifference regarding the truth—is to lie to the public and cease to treat our fellow citizens as equals.”¹¹

The principle is straightforward.

Legislation cannot protect people adequately if its central terms obscure rather than clarify the conduct Parliament intends to regulate.

¹¹ Josef Pieper's “*Abuse of Language, Abuse of Power*”
<https://ia800603.us.archive.org/34/items/abuse-of-language-abuse-of-power-josef-pieper/abuse-of-language-abuse-of-power-josef-pieper.pdf>

As Patrick Parkinson's analysis puts it, if Parliament is creating a law capable of producing imprisonment, "the legal definition cannot be incoherent."

That is not an argument against protecting people from abuse.

It is an argument for drafting the protection properly.

The Bill should tell the public what conduct Parliament has identified as harmful, rather than requiring the public to work backwards from exceptions to discover what may remain prohibited.

14. PARLIAMENT NEEDS EVIDENCE OF THE TASMANIAN PROBLEM

Before creating this legislative framework, Parliament should establish what problem actually exists in Tasmania today.

WST has previously provided Parliament and Government with evidence concerning women's and girls' rights and the practical consequences of legislation. We consider that the same evidentiary standard should apply here.

A proper inquiry should establish:

1. what alleged conversion practices are occurring in Tasmania today;
2. how many people have experienced them;
3. when and where the alleged practices occurred;
4. whether the allegations concern sexual orientation, gender identity or both;
5. who is alleged to have conducted the practices;
6. whether existing criminal, health, child-protection or anti-discrimination laws already address the conduct;
7. what evidence exists of physical or psychological injury;
8. whether contemporary clinical practice has been incorrectly characterised as conversion practice;
9. what experiences have been reported by people who later desisted or detransitioned;
10. what protections are required by people seeking to explore or reconsider their identity; and
11. what specific legislative gap remains after existing laws are considered.

Given the intimate nature of many of these matters, WST recommends that the inquiry provide for **confidential submissions and in-camera hearings where necessary to protect anonymity**.

That would allow Parliament to hear from people who may otherwise be unwilling to participate in a public process.

It would also allow competing accounts to be tested rather than Parliament being asked to legislate from generalised claims about what may or may not be occurring.

15. THE BILL IS FOUNDATIONALLY FLAWED

WST does not regard the problems identified above as a collection of minor drafting defects.

They begin with the central definition.

The Bill combines two different concepts—sexual orientation and gender identity—and then attaches the same prohibition to both.

It changes the statutory definition of sexual orientation.

That new definition interacts with Tasmania's existing statutory treatment of registered gender.

The Bill does not provide clear examples of the contemporary conduct it intends to prohibit.

It expressly recognises that identity exploration, detransition and desistance occur, while simultaneously creating legal consequences that may depend upon how conduct is characterised after a person's identity becomes clearer over time.

It imposes reporting, investigation, regulatory and organisational consequences on top of the definition.

It creates criminal offences involving injury and negligence.

It creates employer and principal liability.

It creates vicarious liability.

It creates potentially very long-term civil exposure for conduct directed at people while they were minors.

And all of these consequences ultimately depend upon answering the question:

What is a conversion practice?

WST considers that question has not yet been answered with the precision required for legislation of this kind.

For that reason, WST does not consider that the Bill can be adequately repaired simply by adding another exemption, altering one penalty or adjusting one enforcement provision.

The difficulty is foundational.

16. RECOMMENDATIONS

Women Speak Tasmania recommends that:

1. The Conversion Practices Prohibition Bill 2026 does not proceed in its present form.
2. Parliament establish a proper inquiry into alleged conversion practices in Tasmania before legislating further.
3. The inquiry includes confidential evidence and in-camera hearings where necessary to protect anonymity.
4. The inquiry establish what contemporary practices are actually occurring in Tasmania and distinguish coercive and abusive conduct from legitimate counselling, pastoral care, parental discussion and clinical assessment.
5. Parliament separately examines the concepts of sexual orientation and gender identity rather than assuming that the same statutory prohibition can appropriately regulate both.
6. Parliament examine the proposed amendment to the Anti-Discrimination Act 1998 in conjunction with the Births, Deaths and Marriages Registration Act 1999, including the interaction between registered gender and the proposed definition of sexual orientation.
7. Any future legislation contains clear definitions and concrete examples of the conduct intended to be prohibited.
8. Any future legislation expressly protects legitimate clinical assessment, differential diagnosis, discussion of sexuality, discussion of risks and uncertainties, identity exploration, and support for people who later desist, detransition or reconsider their identity.
9. Parliament considers the findings of the NHMRC national evidence review before imposing legislation that may affect clinical practice involving children and adolescents.

10. Parliament reconsiders the proposed criminal, regulatory, vicarious and retrospective civil-liability consequences only after the underlying prohibited conduct has been clearly identified.

CONCLUSION

Women and men, children and adults, should be protected from coercion, abuse and degrading treatment.

That objective does not require Parliament to abandon legal clarity.

Indeed, it requires it.

The evidence concerning adolescent gender distress, psychiatric comorbidity, sexuality, medical intervention, desistance and detransition is sufficiently complex that responsible medical systems continue to review outcomes and refine their approaches. Australia's own national evidence review is not yet complete.

At the same time, the Bill proposes to establish criminal offences, reporting and investigation powers, organisational duties, vicarious liability and potentially unlimited civil claims on the basis of a definition that combines sexual orientation and gender identity and does not clearly identify the contemporary conduct it intends to prohibit.

WST therefore considers that Parliament should pause before proceeding.

The first task should be to establish the facts.

The second should be to define the harm.

Only then should Parliament determine whether new criminal or civil law is required.

Clarity must come before criminalisation.

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