



AUSTRALIAN  
ASSOCIATION  
OF CHRISTIAN  
SCHOOLS



14 February 2024

Department of Justice  
Office of the Secretary  
GPO Box 825  
Hobart TAS 7001

Dear Secretary

***Justice Miscellaneous (Conversion Practices) Bill 2024***

Thank you for the opportunity to provide a submission in relation to the *Justice Miscellaneous (Conversion Practices) Bill 2024* Consultation Draft (“proposed Bill”). Christian Schools Australia (CSA) and the Australian Association of Christian Schools (AACS) represent over 250 Christian Schools across the country, including **13 schools in Tasmania**. Our schools operate as independent, locally governed, religious organisations. Some are closely aligned with local churches, while others have their heritage in a group of parents coming together to start a school. We support a ban on coercive conversion practices but write to outline our significant concerns with the Government’s proposed Bill.

**We support legislation that would prohibit coercive practices directed to a person, without their informed and voluntary consent, for the purpose of changing the person’s sexual orientation.** However, we strongly recommend that ‘gender identity’ be removed from any new law to ensure young people experiencing gender confusion or dysphoria can benefit from a range of evidence-based treatment options.

The proposed Bill has its origins in the controversial Tasmanian Law Reform Institute publication, *Sexual Orientation and Gender Identity Conversion Practices: Final Report 32* (“TRLI Report”) published in April 2022. Apart from the significant flaws in this report and the conclusions that flow from it, the report is now outdated and, in the context of responses to gender incongruence, not reflective of contemporary best practices.

There are important debates about these issues in the medical and scientific literature, with mounting evidence that the rise in transgender identification amongst teenage girls is being fuelled by ‘social contagion’. The *Interim Report from the Independent review of gender identity services for children and young people* (“The Cass Review”) from the United Kingdom and reviews in a number of European countries endorsing many of the medical and scientific concerns about the current gender affirmative approach to treatment of young people.

The TRLI Report failed to even mention the Cass Review published a couple of months earlier in February 2022. This groundbreaking report comprehensively dealt with the treatment of children and young people dealing with gender incongruence. It is reflective of a much broader range of updated treatment protocols and guidelines from countries across Europe. Much of this material was not yet available at the time of the TRLI Report, with earlier research along these lines not being adequately addressed by the report.

The overwhelming evidence since the publication of the TRLI Report has clearly demonstrated the changing approaches to responding to the needs, and providing the best care for, children and young people struggling with gender incongruence.

Most recently the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has released late last year an updated position statement on working with Trans and Gender Diverse (TGD) people in Australia and New Zealand and the role of psychiatrists in responding to their mental health needs, *The role of psychiatrists in working with Trans and Gender Diverse people*. A copy of the position statement is available online here: <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/role-of-psychiatrists-working-with-trans-gender-diverse-people>.

The updated position statement recognised, amongst other matters, that:

*"There are methodological limitations in studies which assess the effectiveness of all models of treatment on the mental health of children and adolescents with Gender Dysphoria. Psychiatric practice will be informed by further emerging evidence"*

It went on to indicate in relation to responses to children and adolescents that:

*"Childhood and adolescence are times of rapid and dynamic brain development and development of personal identity. Further, distress in childhood and adolescence is often a consequence of multiple intersecting psychosocial and psychiatric issues. As a result, the clinical care and assessment of TGD children and adolescents can be complex.*

*Gender expansive and non-conforming behaviour and preferences can be normal at any age and should not necessarily be a cause for concern or require attention. For some people, gender identity and/or gender expression can change over time."*

In the light of this contemporary medical evidence, and the strong desire of schools and parents to care for their students and children, there is **simply no sound policy basis for the inclusion of gender identity within this legislation.**

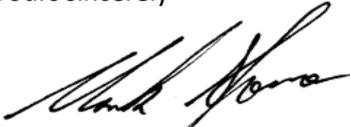
It is also disappointing to see the proposed Bill contains clauses, similar to the Queensland, Victoria and the ACT legislation, which explicitly mandate that 'gender affirming' care is excluded from the definition of conversion practices. This exclusion, in clause 28(3) is provided without any conditions requiring 'reasonable judgement', 'clinically appropriate support' or need to be 'safe and appropriate' as is required for medical treatment more broadly in clause 28(2). There seems to be no constraints on 'gender affirming' care, which is alarming given the current international trend of reversing the use of gender affirming medicine. It also ignores the growing risks of litigation from people asserting that they were diagnosed and put on the gender affirming path without informed consent and suffered irreversible harm as result.

We are, however, pleased to see the inclusion in clause 28(4) that the 'expression of an opinion, idea or belief by a person, including statement of religious principle or the provision of parental guidance' is NOT a conversion practice. Any religious community or school that teaches and counsels a traditional understanding of gender identity as corresponding to biological sex and encourages believers to adhere to a religious belief that sexual relations should be expressed within the boundaries of a heterosexual marriage should not become illegal. Parents are best placed to guide their children through questions about sexuality and gender

identity, as they know their children best and care deeply about their mental, physical, and spiritual welfare. Parents should not be threatened with criminal sanctions for not affirming or encouraging their child to change their gender identity which has lifelong, and in many cases irreversible, consequences for their mental, physical, sexual and reproductive health.

We would welcome the opportunity to meet with you to discuss these concerns in more detail or provide evidence at any public hearings. Please contact Jordan Abou-Zeid in our office [jabouzeid@csa.edu.au](mailto:jabouzeid@csa.edu.au), to make any applicable arrangements.

Yours sincerely



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