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Dear Acting Director

**PUBLIC SUBMISSION IN RELATION TO SEXUAL ORIENTATION AND GENDER  
IDENTITY CONVERSION PRACTICES - COMMUNITY CONSULTATION**

I am Roelf Groenewold, I am a retired accountant and I have lived most of my life in northern Tasmania. I have been married to Tina for some 45 years and we have 7 children.

I am a member of the Free Reformed Church of Legana and I have been an elder in that church at various times over many years.

At the outset I advise I am not a scientist or a lawyer; however I feel compelled to make this submission because claims made in the Issues Paper do not appear to conform to common knowledge. Further, conclusions appear to be based on selective science and as such appear to be ideologically driven. I am concerned at the possibility that harsh laws may be adopted which unreasonably limit freedom of speech, freedom of religion, rights of parents and that vulnerable people, particularly children, will be hurt.

I wish to state clearly that I do not have any animosity toward members on the LGBTQA+ community and that I do not wish, in any way, to belittle the struggles many of them have in coming to understand their sexuality. Nor do I belittle the hurt that has been caused them over the years through ignorance and misguided attitudes of often well-meaning members of the broader community.

I make this submission to the consultation as a private citizen and not on behalf of any organisation.

**1. Bias in the Consultation**

The Executive Summary states that "This Issues Paper informs a community consultation on the reform of Tasmanian law to address sexual orientation and gender identity ('SOGI') conversion practices." I note that the inquiry was initiated by a community reference from peak Tasmanian Lesbian, Gay, Bisexual, Transgender, Queer, Asexual Plus (LGBTQA+) stakeholder bodies and representatives in 2016.

I note further that assistance and oversight of the preparation of the Issues Paper was provided by an Expert Advisory Group and that [REDACTED], a pastor of the Uniting Church of Australia, is a member of the Group as a member of a community of faith. I understand the Uniting Church of Australia does not profess what the Bible plainly has to say on sexuality at eg. 1 Corinthians 6: 9 -11

and 1 Timothy 1: 8 - 11. As such there does not appear to have been any consultation with Bible-believing<sup>1</sup> Christians or churches which do hold to such teachings.

The Free Reformed Church of Legana, which I attend, is part of the broader bond of the Free Reformed Churches of Australia, which

4.2 ... are a conservative, confessional Reformed denomination from the Protestant side of Christianity. In terms of similar churches within Australia, we would find ourselves most closely aligned doctrinally with several small Presbyterian churches including the Evangelical Presbyterian Church, the Southern Presbyterian Church, the Reformed Presbyterian Church, and the Presbyterian Church of Eastern Australia. Historically and doctrinally, we also have many commonalities with the Christian Reformed Churches of Australia, another denomination established through post-war Dutch migration.

4.3 Looking to larger churches, what distinguishes us is our high regard for the Bible alone as our ultimate authoritative source for what we believe (doctrine) and how we live (ethics). The Protestant Reformation stressed the importance of this principle, expressed in the Latin slogan *sola Scriptura* (by the Bible alone). In the past this distinguished historic Protestantism from Roman Catholicism.<sup>2</sup>

It is my understanding that there are also other denominations and faiths such as Evangelical Christians and Muslims which are represented in Tasmania and which hold to similar views on sexual ethics to the Free Reformed Churches; however I have not researched that. It would be safe to say we are not alone in holding such religious views.

Given that the Issues Paper and the sources which it draws on, such as the SOGICE Survivor Statement<sup>3</sup>, consider conservative churches as a significant source of what it calls SOGI conversion practices it is hard to understand why such religious groups are not represented on the Expert Advisory Panel and possibly research staff in order to provide broad community input. In my view, their exclusion has resulted in the Issues Paper being seriously biased. Unless this flaw is as yet addressed and the consultation process re-launched, the resulting report will not be suitable to inform government regarding the need for legislative reform.

As a consequence of this fundamental flaw, only the concerns of the minority LGBTQA+ community are reflected in the Issues Paper which is intended to guide the public consultation. Rather than using the public consultation as an opportunity to come to a position which has broad community support, the course chosen appears likely to create divisions and conflict in the Tasmanian community.

This bias is reflected in the working definition adopted, the questions which are asked (or not asked), the literature and science invoked and the conclusions drawn in the paper. Furthermore, the lack of consultation with Bible-believing Christian churches has resulted in incorrect or outdated claims and insinuations regarding their views on sexuality and ethics. These aspects will be discussed below.

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<sup>1</sup> by this I mean the traditional, historical or conservative Protestant position

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■ <http://so`cesurvivors.com.au/wp-content/uploads/2020/12/Survivor-Statement-A4-Doc-v1-2-Digital>.

## 2. Working Definition

The working definition provided in the Issues Paper is:

Sexual orientation and gender identity (SOGI) conversion practices means:

- (a) acts or statements;
- (b) that are aimed at changing, suppressing, or eradicating the sexual orientation or gender identity of another person; and
- (c) are based on a claim, assertion or notion that non-conforming sexual orientation or gender identity is a physical or psychological dysfunction that can be suppressed or changed <sup>4</sup>

The definition expressly attributes a conversion practice to addressing a perceived “physical or psychological dysfunction”. People may wish, however, to seek help to address unwanted sexual attraction or gender identity for other reasons such as personal preference or religious conviction. Does this mean that acts or statements not motivated by a desire to address a perceived “physical or psychological dysfunction” are not considered to be conversion practices, or does the definition imply that all acts or statements which are aimed at changing, suppressing, or eradicating the sexual orientation or gender identity of another person are considered to reflect the view that, *ipso facto*, the targeted sexual orientation or gender identity is perceived as a physical or psychological dysfunction?

## 3. Scientific Basis

As outlined above, the Issues Paper is subject to serious bias and so less than useful as a basis for informed community discussion. It starts by implying that gender identification is given (immutable). It is not surprising, therefore, that it argues that conversion practices are ineffective and, indeed, cause positive harm. In this section I will address all these issues in turn, starting with the question of immutability, then proceeding to an evaluation of the Issues Paper’s position on the harmful effects of conversion practice and, finally, addressing the question of the effectiveness of conversion practices.

### 3.1. Mutability

The Issues Paper contains no discussion on the science of human sexuality and proceeds to discuss conversion practices as if the science were understood and settled. The implied contention is that sexual orientation and gender identity, as distinct from biological sex, are immutable (cannot be changed) and innate (born that way). Conversion practices are said to be “..... based on a [*presumably false*] claim, assertion or notion ... that non-conforming sexual orientation or gender identity ... can be suppressed or changed” <sup>5</sup> Any attempts, therefore, to change or suppress those characteristics are likely to fail and further, to assist someone to do so, is unnatural and likely to harm the person subject to such practices.

There is a strong scientific consensus, however, that sexual orientation and gender identity naturally vary during one’s life. Researchers Diamond and Rosky, for example, find “unequivocally” that sexual attraction changes over time, especially for women and for people who experience same-sex

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<sup>4</sup> Tasmania Law Reform Institute, *Sexual Orientation and Gender Identity Conversion Practices* (Issues Paper No 31, November 2020) 1.3.23

<sup>5</sup> Ibid

attraction. Young people in particular exhibit great mutability.<sup>6</sup> In one study, over 80% of teens who originally reported same-sex attraction and sexual activity reported exclusively heterosexual attraction and sexual activity within 6 years.<sup>7</sup> In another study, young females in the “lesbian” category averaged 3 orientation changes over 8 years.<sup>8</sup> A multitude of studies demonstrate that 80-90% of all children suffering from gender dysphoria “desist” and identify their gender in accordance with their biological sex by adulthood.<sup>9 10</sup> In summary, people can and do change their sexual orientation and gender identity.

Similarly, *The New Atlantis Report* concludes that “Some of the most widely held views about sexual orientation, such as the “born that way” hypothesis, simply are not supported by science.” and, further, that “In reviewing the scientific literature, we find that almost nothing is well understood when we seek biological explanations for what causes some individuals to state that their gender does not match their biological sex”<sup>11</sup>

The *New Atlantis Report*, referred to above, which is not considered in the Issues Paper, upon review of social scientific research highlights that the science is not settled. According to the preface, it is “written by [Dr. Lawrence S. Mayer](#), an epidemiologist trained in psychiatry, and [Dr. Paul R. McHugh](#), arguably the most important American psychiatrist of the last half-century”. They say that:

**This report offers a careful summary and an up-to-date explanation of many of the most rigorous findings produced by the biological, psychological, and social sciences related to sexual orientation and gender identity.** We examine a vast body of scientific literature from several disciplines. We try to acknowledge the limitations of the research and to avoid premature conclusions that would result in over-interpretation of scientific findings. Since the relevant literature is rife with inconsistent and ambiguous definitions, we not only examine the empirical evidence but also delve into underlying conceptual problems. This report does not, however, discuss matters of morality or policy; our focus is on the scientific evidence — what it shows and what it does not show.<sup>12</sup>

Again, for balanced, informed community consultation it would be necessary to engage with such papers with which the Panel clearly disagrees.

As the demonstrable changeability of sexual orientation and gender identity is not considered in the Issues Paper, questions regarding the source and nature of these changes are not explored. This changeability calls into question the validity of the contemporary approach, promoted by the Issues Paper, of recommending (in some jurisdictions requiring through force of law) automatic

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<sup>6</sup> Lisa M. Diamond and Clifford J. Rosky, “Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities,” *Journal of Sex Research* 53, no. 4–5 (June 2016): 363–91.

<sup>7</sup> Ritch C. Savin-Williams and Geoffrey L. Ream, “Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood,” *Archives of Sexual Behavior* 36, no. 3 (June 4, 2007): 385–94.

<sup>8</sup> Johnny Berona et al., “Trajectories of Sexual Orientation from Adolescence to Young Adulthood: Results from a Community-Based Urban Sample of Girls,” *Journal of Adolescent Health* 63, no. 1 (July 2018): 57–61.

<sup>9</sup> Ryan T. Anderson, *When Harry Became Sally* (New York, New York: Encounter Books, 2018).

<sup>10</sup> <https://arpacanada.ca/wp-content/uploads/2019/11/ARPA-PolicyReport-ConvTherapy-CIT-PR-hyperlinked.pdf>. (accessed 21 December 2020)

<sup>11</sup> Lawrence S. Mayer and Paul R. McHugh, *Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences*, *The New Atlantis*, Number 50, Fall 2016, “Conclusion,” pp. 114-116.

<sup>12</sup> Lawrence S. Mayer and Paul R. McHugh, “Introduction,” *Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences*, *The New Atlantis*, Number 50, Fall 2016, pp. 10-12

affirmation of expressed or experienced sexual orientation and gender identity, and condemning those who seek to work with those who struggle with their sexuality.

### **3.2. Conversion Practises**

#### **3.2.1. Harmful Effect of Conversion Practice**

The major underpinning of the Issues Paper is that SOGI conversion practices are harmful with the clear implication being that legislative changes are required to proscribe such practices. There are many references in the Issues Paper to reports and surveys which support its discussion of SOGI conversion practices and for the case that they are harmful.

The evidence that SOGI conversion practices are harmful is far from clear from the evidence provided:

- a. The Issues Paper is itself equivocal about the evidence – see, e.g., the first sentence in 2.2.8 of the Issues Paper: “suggest”, “may likely have harmful effects”. This should be more clearly emphasised in the interests of balance community interaction with the Issues Paper.
- b. The evidence reported is based largely on self-assessment. The Issues Paper recognises this and mentions the standard scientific criticisms but then again proceeds as though this were clear evidence.
- c. There is no indication in the Issues Paper’s survey of the empirical papers on this matter that any of the studies have a valid statistical basis which would involve a random sample of subjects, who were randomly allocated to treatment and non-treatment groups and, after a significant time period, assessed as to the effects of the treatment (including any reported harmful effects) by a statistical comparison of the outcomes of the two groups. Instead, the Issues Paper cites “evidence” such as that reported by clinical psychologists who treat people in the recovery from the effects of conversion practices. But this only shows that in some cases conversion practices may have harmful effects, not that they necessarily do so – what about all the people who have experienced successful conversion practices? They are hardly likely to visit a psychologist.
- d. There is a serious shortcoming in the Issues Paper’s review of the literature in that, while there is an enormous variety in possible conversion practices (see below), there is no recognition that different practices are likely to have different effects, including any harmful effects. Presumably this reflects the fact that the empirical literature does not have a standard definition of a conversion practice. But in this case, how can we as the community reasonably comment on the central issue of whether certain practices should be proscribed and, if so, which. Clarity on this issue is surely a basic requirement for a good law – the citizens need to know precisely what is allowed and what not and (at this community consultation stage), why.

Although the Paper cites several reports and research which disagree with this position they are summarily dismissed as inferior rather than interacting with the substance of them in the interest of informed community discussion.<sup>13</sup>

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<sup>13</sup> Tasmania Law Reform Institute, *Sexual Orientation and Gender Identity Conversion Practices* (Issues Paper No 31, November 2020) 2.2.11 to 2.2.13

### 3.2.2. Effectiveness of Conversion Practices

Having dealt with immutability and claimed harmful effects, I now turn in this section to the question of whether conversion practices can successfully help a person change or otherwise manage their unwanted sexual orientation or gender identity. On this question, too, the Issues Paper presents a rather one-sided picture that there is no real evidence that conversion practices actually achieve their objectives.

How, in practical terms, then, do the people such as those referred to above under the heading of “Immutability” , who do change from same sex attraction to opposite sex attraction or who change to identify with their biological sex, in particular the 80 – 95% of children who desist by the time they reach adulthood, actually transition or desist, and why? Do they consult friends, parents, their local pastor or various health service providers (conversion practice)? Or did they undertake these changes without encouragement or assistance?

Were they pressured, overtly or covertly, to “convert” in order to conform to “outdated” community expectations or were they just unhappy with their life as non-hetero or the mismatch between their experienced gender and their biological sex. Or maybe they have religious beliefs which led them on that path.

Whatever the reason or circumstances, a significant number of people do currently change or revert to opposite sex attraction or to the gender identity which aligns with their biological sex. There is no data or discussion provided in the Issue Paper to explain this significant social phenomenon.

Surely, without any analysis of why and how these transitions happen at present, we cannot advocate the enactment of laws which limit or prohibit providing assistance to people struggling with their sexual orientation or gender identity. That would seem to provide a likelihood of harming the very people which this inquiry is seeking to protect.

Counselling or talk therapy can influence sexual orientation (particularly with respect to controlling or changing feelings and behaviours) and gender identity, although the rates of “success” cannot be precisely determined.<sup>14</sup> Douglas Haldeman, a sceptic of such therapies, estimates that they have a success rate (changing sexual orientation or gender identity to align with biological sex) of approximately 30%.<sup>15</sup> A study by Jones & Yarhouse finds that 23% of their participants changed sexual orientation.<sup>16</sup> Even many of those who do not fully change sexual orientation reported some

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<sup>14</sup> For studies which suggest that conversion therapy is not effective, see James E. Phelan, Neil Whitehead, and Philip M. Sutton, “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality: A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality,” *Journal of Human Sexuality* 1 (2009); Joseph Nicolosi, A. Dean Byrd, and Richard W. Potts, “Retrospective Self-Reports of Changes in Homosexual Orientation: A Consumer Survey of Conversion Therapy Clients,” *Psychological Reports* 86 (2000): 1071–88. For studies which suggest that conversion therapy is effective, see Canadian Psychological Association, “CPA Policy Statement on Conversion/Reparative Therapy for Sexual Orientation”; Judith M. Glassgold et al., “Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation” (American Psychological Association, 2009); Douglas C. Haldeman, “The Practice and Ethics of Sexual Orientation Conversion Therapy.” *Professional Psychology: Research and Practice*

<sup>15</sup> Douglas C. Haldeman, “Gay Rights, Patient Rights: The Implications of Sexual Orientation Conversion Therapy”, *Professional Psychology: Research and Practice* 33, no. 3 (2002): 260–64.

<sup>16</sup> Stanton L. Jones and Mark A. Yarhouse, “A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change,” *Journal of Sex & Marital Therapy* 37, no. 5 (October 2011): 404–27.

benefit from obtaining help to address undesired same-sex attraction. In the Jones & Yarhouse study, an additional 30% lived chaste lives after therapy, which was their goal.<sup>17 18</sup>

### 3.3. Childhood Dysphoria

Even though the consultation does not seek to consider the effects of transitioning to opposite sex or “affirmation conversion practices”, it is, nonetheless, relevant to consider these, particularly as they relate to children, because such practices can constitute the converse or alternative to conversion practices considered by the Issue Paper. If a young person identifies as transgender and maybe suffers from gender dysphoria they may wish to transition to their experienced gender or they may seek to retain the gender which matches their biological sex. Much has been written about the four sequential stages commonly included in such transitioning treatment, namely social transition, puberty blockers, cross sex hormones and sex reassignment surgery. While each stage moves the recipient progressively further down the path toward achieving the secondary sex characteristics of their experienced gender, each reduces the possibility, medically and socially speaking, of desisting with that chosen path and also increases the extent to which they will experience loss of fertility and reproductive functionality.<sup>19</sup>

Concern has been raised in various quarters about the application of these procedures to children. The authors of the Atlantis Report, for example, upon reviewing various technical papers, express concern that

these therapies, treatments, and surgeries seem disproportionate to the severity of the distress being experienced by these young people, and are at any rate premature since the majority of children who identify as the gender opposite their biological sex will not continue to do so as adults. Moreover, there is a lack of reliable studies on the long-term effects of these interventions. We strongly urge caution in this regard.

The concerns expressed in this report were borne out in the recent UK case *Keira Bell v NHS Tavistock* where the court held not only that children were not capable of consenting to transitioning treatment, but also that “Apart perhaps from lifesaving treatment, there will be no more profound medical decisions for children than whether to start on this treatment pathway.”<sup>20</sup>

The judges’ findings challenged the scientific basis of some aspects of the procedures, including

- finding that puberty blockers are “experimental”,
- doubts that their effects were “fully reversible”,
- that those who start on blockers typically do not “unpause” them but go on to irreversible cross-sex hormones, raising the question of the ability of a very young child to consider the risk that this combined treatment will leave them unable to have their own children and with impaired sexual function as adults, and
- puberty blockers may lock in, rather than relieve, gender dysphoria.<sup>21</sup>

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<sup>17</sup> Ibid

<sup>18</sup> <https://arpacanada.ca/wp-content/uploads/2019/11/ARPA-PolicyReport-ConvTherapy-CIT-PR-hyperlinked.pdf>. (accessed 21 December 2020)

<sup>19</sup> Ryan T. Anderson, *When Harry Became Sally* (New York, New York: Encounter Books, 2018).

<sup>20</sup> Bernard Lane, *The Weekend Australian, Inquirer*, “Keira Bell, gender transition and the lifelong damage of a puberty blue”, 15 January 2021

<sup>21</sup> Ibid, *Nation*, “Judges give verdict for caution on ‘experimental’ transgender drugs”, 2 December 2020

The situation is further compounded by the reported significant growth of children and adolescents, mainly girls, seeking medical intervention for gender dysphoria over recent years. “Patient numbers at Britain’s Tavistock Clinic rose from 97 in 2009 to 2519 in 2018. We know .... that referrals to Victoria’s Royal Children’s Hospital gender clinic rose by more than 1700 percent between 2012 and last year [2019]”<sup>22</sup> Is this increase due to previous non-detection or non-treatment of dysphoria or are there other factors at play?

Given that the majority of children will desist from a transgender orientation by the time they reach adulthood, if they are not encouraged to transition, they will undoubtedly require support from parents and a broader support group if they are not to embark on this course of treatment. In the context of the working definition, providing such support is quite likely to be a form of SOGI conversion practice and possibly be proscribed by law. The direction envisaged by the Issues Paper threatens to undermine the “liberty of parents and, when applicable, legal guardians to ensure the religious and moral education of their children in conformity with their own convictions.”<sup>23</sup>

In failing to discuss the complexity of childhood dysphoria and what assistance and support is being provided and might be appropriate, the issues paper seriously fails in its objective to “inform a community consultation on the reform of Tasmanian law to address sexual orientation and gender identity (‘SOGI’) conversion practices.”

#### **4. Intersection with Religious Freedom, Freedom of Conscience and Expression**

The Issues Paper quite properly refers to the common law rights of all citizens to hold and express religious, ethical or personal views<sup>24</sup> and the TLRI notes that prayer or scripture study groups will not necessarily involve SOGI conversion practices.<sup>25</sup>

The Issues Paper also draws attention to these rights also being expressed in the Australian Capital Territory Sexuality and Gender Identity Conversion Practices Act 2020, (s7(2)). The latter goes on to say that it is not intended that a mere expression of a religious tenet or belief would constitute a sexuality or gender identity conversion practice.<sup>26</sup>

The SOGICE Survivor Statement<sup>27</sup> (Statement) is quoted extensively in the Issues Paper as it explores the intersection of religious freedom with the need to protect citizens from harmful conversion practices. The Sexual Orientation and Gender Identity Change Efforts Survivors (SOGICE) group states in the FAQ (Frequently Asked Questions) section of its website that **“We wish to make clear that a faith community that merely preaches that homosexuality is sinful would not be considered as participating in LGBTQA+ conversion ideology or practices.”**<sup>28</sup> (highlight provided in source)

The Free Reformed Churches believe salvation is a free gift of God. We do not believe it is possible for a human being to earn a relationship with God. But, having received that relationship as a *free gift* through Jesus Christ, we believe it is important for Christians to respond appropriately with love for God. One key way that love is expressed is through obedience to the Bible. Jesus said in John

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<sup>22</sup> Claire Chandler, The Australian, “Orwellian gender change bill must be a turning point” – 10 December 2020

<sup>23</sup> *International Covenant on Civil and Political Rights (ICCPR)* Article 18.4

<sup>24</sup> Tasmania Law Reform Institute, *Sexual Orientation and Gender Identity Conversion Practices* (Issues Paper No 31, November 2020) 1.2.10

<sup>25</sup> *Ibid* 1.2.8 Note 9

<sup>26</sup> *Ibid* 1.2.9

<sup>27</sup> <http://socesurvivors.com.au/wp-content/uploads/2020/12/Survivor-Statement-A4-Doc-v1-2-Digital.pdf>  
Accessed 20Jan21

<sup>28</sup> *Ibid*

14:15, "If you love me, you will keep my commandments." Similarly, 1 John 5:3 says, "For this is the love of God, that we keep his commandments."

The Ten Commandments contain a summary of the moral law of God and this is further expanded throughout the Bible, addressing how we are to live in relation to God and our fellow man. We believe all men are only capable of obedience to God if they are renewed through Jesus Christ, however there are eternal consequences of refusing to turn to him from their sins. This relates just as much to matters like marriage, sexuality and gender as it does to theft, violence, hatred, covetousness, respect for authority and many other aspects of our lives.

These long held historic beliefs are taught in our churches and are taught to our children.

The Statement seeks to differentiate the legitimate exercise of religious freedom from conversion practices, which it calls on governments to curtail, by differentiating the latter as being underpinned by a false ideology. In the Issues Paper this is described as set of interconnected assertions that :

1. .. humans are born with the potential of developing into heterosexual people whose gender identity reflects their sex assigned at birth.
2. In [LGBTQA+] people ... this development has been halted or stunted due to ... abuse, neglect, inappropriate parenting dynamics, social influence, and even spiritual issues (including demonic influence) ...
3. [LGBTQA+] people should live celibate lives or seek healing ... [t]hrough consistent long-term [acts of devotion, mentoring, abstinence, group counselling etc] ... a person will either:
  - 3.1. Experience a change in their sexual orientation and/or gender identity, or
  - 3.2. [o]vercome the causes or drivers behind their same-sex attraction or trans-identity and remain celibate ...
4. [LGBTQA+] people may not be suited to positions of authority within their faith community<sup>29</sup>

It is interesting to note that the worldview (or ideology perhaps) of the Christian religion as derived from the Bible may include some, or all, of the above four assertions, however I would hazard a guess that for many, assertions 1 and 2 do not hold, nor per se number 4. Since the matter of seeking to change one's experienced sexual orientation or gender identity referred to in assertion 3 flow from assertions 1 and 2, such change efforts, if they do not result from subscribing to assertions 1 and 2, would seem to fall outside the definition of conversion ideology, or at least create great uncertainty.

However, activities undertaken by those of faith who do subscribe to the four assertions would seem fall both within the legitimate exercise of their religious freedom, in accordance with their common law rights, and conversion ideology. This creates great confusion in distinguishing conversion therapy and theological worldview.

The Statement then goes on to identify different types of activities which it considers to be conversion practices and provides numerous examples of how these are expressed by the "conversion movement".<sup>30</sup>

Many of the activities which the Statement lists here as being discreditable are in fact an integral part of church life and the life of a believer, for example, pastoral care, prayer ministry, sermons. Many are also responses which believers may wish to explore in response to the explanation of the

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<sup>29</sup> Ibid 1.2

<sup>30</sup> Ibid 1.6

Bible's message concerning sexual ethics, for example private prayer time, reading testimonials or an individual's private efforts or attempts to incrementally change their own orientation or identity.

It would seem that such activities, even if that entailed an expression, for example, that homosexual practice is sinful, are a legitimate exercise of the adherent's freedom of religious belief and expression. However, the same activities would be considered discreditable if they were found to "be driven by a set of [the four] interconnected assertions that together form conversion ideology" described above.

It also has the effect of possible harm to those who wish to exercise their freedom of religious belief regarding sexuality but may be denied support because activities such as prayer, access to written material, pastoral support are prohibited.

This approach to identifying practices which should be proscribed in law appears to be problematic, if not largely unworkable. This has also been acknowledged by the Issues Paper.<sup>31</sup>

As a consequence, any constraints articulated in law can reasonably only reference extreme activities which are in the nature of extreme acts which would normally described as torture. It is generally understood that such practices no longer occur in the Tasmanian community and this is acknowledged by the Issues Paper

## **5. Prevalence and need for changes to the law**

The need for any changes to the law to proscribe harmful conversion practises needs to also consider the prevalence of such practises in Tasmania.

The TLRI is unaware of data about the nature and prevalence of SOGI conversion practices in Tasmania and is aware that there are no published studies on the prevalence of SOGI practices in Tasmania or even Australia.<sup>32</sup>

The suggestion proffered by the Issues Paper that up to 10% of Australians<sup>33</sup>, and by inference 10% of Tasmanians, may be exposed to SOGI conversion practices is unconvincing. Given some 2.7% of the Australian population identified as gay, lesbian or bisexual at the last census<sup>34</sup> and a total of 1230 (.005%) respondents in Australia who identified as gender diverse in the 2016 census<sup>35</sup>, and further, considering 10% of Australians are estimated by the same HLRC source<sup>36</sup> to be "extremely to very active in their religious organisation", the maximum exposure to SOGI conversion practices would seem to be more like 0.3% of the population if my mathematics is correct.

The Issues Paper refers to the existing laws which currently provide an avenue to bring complaints concerning harm occasioned by SOGI conversion practices, however, the Institute is not aware of any complaints being raised under existing laws.<sup>37</sup> The Issues Paper further acknowledges that

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<sup>31</sup>Tasmania Law Reform Institute, *Sexual Orientation and Gender Identity Conversion Practices* (Issues Paper No 31, November 2020) 1.2.17

<sup>32</sup> Ibid 2.3.1

<sup>33</sup> Ibid 2.3.2

<sup>34</sup> <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release>. accessed 14 December 2020.

<sup>35</sup> <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Sex%20and%20Gender%20Diversity%20in%20the%202016%20Census~100> Accessed 26 January 2021

<sup>36</sup> Tasmania Law Reform Institute, *Sexual Orientation and Gender Identity Conversion Practices* (Issues Paper No 31, November 2020) 2.3.2

<sup>37</sup> Ibid 3.2.20

"there is insufficient level of prevalence that would justify a standalone legislative instrument".<sup>38</sup>  
This may well reflect the fragmented nature of those laws, however it would also seem to reflect the lack of any significant problem in the community.

As a long-time resident of Tasmania and with some knowledge of the faith community, I am not aware of any structured SOGI conversion programs or practices in the state and it is my view that there is no community expectation that there needs to be changes to the law in this area.

**Question 1** *After considering the background and working definition (see [1.3.23] on page 13), in your opinion, what are and are not 'sexual orientation and gender identity conversion practices'?*

Given the bias permeating the whole Issues Paper and the flaws in the science claimed to underpin it, I consider the Issue Paper unsuitable for the intended public consultation process. As such there is little point in answering this leading question.

Suffice to say that for the purposes of the consultation the definition of conversion practices should be limited to coercive aversion therapies such as electro-shock treatment that inflict pain or are designed to shame.

**Question 2** *Should people be allowed to consent to SOGI conversion practices? If so, at what age and under what conditions?*

Every individual has the right to seek such assistance as they desire to live out their fullest potential. No individual should be coerced by law to live contrary to their desires. Children must be protected from harmful transition practices to which they cannot consent.

**Question 3** *Have you been involved in or offered, or are you aware of, any forms of SOGI conversion practices in Tasmania? If so, what were the effects on you, or the person exposed to them?*

No meaningful answer can be given to this question as the Issues Paper has not clearly defined conversion practices and differentiated them from lawful conduct under common law right to freedom of religion.

**Question 4** *Do you think that Tasmanian law should be changed to address SOGI conversion practices? If so, should this be through comprehensive reform, amendment or both (a hybrid)?*

No, for reasons given

**Question 5** *Should some or all forms of SOGI conversion practices be criminalised in Tasmania? If so, which, if any, should be dealt with as serious (indictable) crimes and which, if any, should be dealt with as less serious (summary) offences?*

No, for reasons given

**Question 6** *Should some or all forms of SOGI conversion practices be made civil wrongs in Tasmania? If so, what sort of practices should people be liable for and how should those subject to such practices be compensated?*

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<sup>38</sup> Ibid 4.2.40

No, for reasons given

**Question 7** *Should any existing Tasmanian laws (besides criminal laws or the Civil Liability Act 2002 (Tas)) be amended to cover SOGI conversion practices? If so, which ones and in what way?*

No, for reasons given

**Question 8** *Are there any other models or approaches that are preferable to, or should complement, changing the law?*

Discussion with all community stake holders in the event that harmful practices are perceived to exist.

**Question 9** *Are there any other matters that you consider relevant to this Inquiry and would like to raise?*

Refer above regarding discussion of bias in the issues paper and consultation process.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Roelf Groenewold', with a stylized flourish at the end.

Roelf Groenewold