

s 5. Meaning of conversion practice

- (1) In this Act, *conversion practice* means a practice or conduct directed towards a person, whether with or without the person's consent –
 - (a) on the basis of the person's sexual orientation or gender identity; and
 - (b) for the purpose of –
 - (i) changing, suppressing or eradicating the sexual orientation or gender identity of the person; or
 - (ii) inducing the person to change, suppress or eradicate their sexual orientation or gender identity.
- (2) For the purposes of subsection (1), 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.
- (3) A conversion practice does not include –
 - (a) a health service provided by a registered health practitioner that –
 - (i) the registered health practitioner, in good faith, considers appropriate for the person; 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.
- (4) For the avoidance of doubt, the following conduct does not, of itself, constitute a conversion practice:
 - (a) participating in a public debate;
 - (b) an expression, including in prayer, of a belief or principle, including a religious belief or principle;
 - (c) an expression that a belief or principle ought to be followed or applied;
 - (d) stating what relevant religious teachings are, or what a religion says, about a specific topic;
 - (e) the making, application or communication of general requirements in relation to religious orders, or membership or leadership of a religious community;
 - (f) parents discussing matters relating to sexual orientation, gender identity, sexual activity or religion with their children;
 - (g) health practitioners providing information, in good faith, about treatment and non-treatment options, including their potential benefits, risks, limitations and uncertainties;
 - (h) health practitioners helping a person explore their identity without directing, predetermining or seeking to influence the person towards a particular outcome;
 - (i) health practitioners discussing with a person the person's desire or intention to detransition, desist, reverse, discontinue or modify a social or medical transition.

Questions:

- What is the meaning of “suppressing” and “inducing” (1b)?
- What is the line when behaviours are and are not included in this definition?
Examples: advising celibacy, consensual prayer for celibacy, support groups for celibacy, etc
- What is and is not “genuinely facilitating a person's coping skills” (3b)?
- What does “of itself” mean, and when is protected conduct no longer “of itself” (4)?
- Are prayers for guidance or help to live according to ones' faith protected “expressions of a principle” (4b)?
- Can parents only “discuss” with their children, or can they make family decisions 4f)?
- Does this protect only parents, or also guardians, grandparents and other adults with care responsibilities?
- How can faith groups enact a duty to prevent conversion practices, or respond to accusations of conversion practices as “child abuse” with this definition?