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Submission to the Victorian Law Reform Commission
Focused Review of How the Change or Suppression Practices Ban Is Working

[REDACTED]

[REDACTED]

[REDACTED]

Has the Act reduced or stopped change or suppression practices? Describe any impact you think the Act has had on the occurrence or the nature of change or suppression practices.

We hope that the Act has reduced overt and harmful change or suppression practices to modify someone's sexuality. However, an unintended and damaging impact has been a severe chilling effect on access to neutral, exploratory therapy. Parents in our group have faced extreme difficulties in finding therapists in Victoria willing to provide such therapy, due to fears that it could be misinterpreted as suppression under the Act's definitions. Our experience is that any therapists willing to work neutrally with gender distressed youth cannot advertise their expertise in the area. This has forced families to seek therapists in other states (e.g., New South Wales or Queensland) or even internationally (e.g., in Sweden), often at great expense and inconvenience. Several of our children have benefited from this approach, maturing in their understanding of themselves and their identity. Some have chosen to desist, detransition or evolve their identity and are now thriving without medical interventions, underscoring the value of neutral and exploratory therapy.

Without clearer guidelines, the Act may inadvertently limit supportive, evidence-based options that align with reasonable professional judgement, potentially exacerbating distress for vulnerable young people, as we have observed in our children. The lack of clarity and definition around which practices are allowed or not allowed has created confusion and misunderstanding for parents, clinicians and educators. It has also led to misunderstanding in those who would benefit most from supportive therapy, with many gender distressed youth believing that any exploratory questions to help them explore their identity development are 'conversion therapy'. We can provide examples if required.



The Collis report recommended developing targeted resources for parents and caregivers, however it also recommends 'innoculating' parents against misinformation. An example given of misinformation in the report is exploratory therapy or a neutral therapeutic approach, demonstrating the level of misunderstanding, either inadvertent or intentional, of allowable practice. Clarification of practices needs to include discussion of alternative approaches to gender distress, presented in a neutral way that presents parents and clinicians with all legally allowable options.

5. How clear is the exclusion for health service providers? If further clarity is needed, how could this best be achieved?

The exclusion for health service providers is somewhat clear in principle but ambiguous in application, especially for therapies addressing gender distress. The reliance on "reasonable professional judgement" introduces subjectivity, leading therapists to err on the side of caution and avoid exploratory approaches. Greater clarity could be achieved by amending the Act to include specific examples of excluded practices, such as neutral counselling that explores underlying factors (e.g., trauma, neurodivergence). Referencing evidence like the NSW Sax Institute report, which highlights psychotherapy's effectiveness in improving mental health outcomes without risks, would help. VEOHRC could also develop professional guidelines or training modules to build confidence among providers and remove false claims that there is no evidence that gender identity changes.

Reference to the ACT Act review and its query of "whether it would apply if a professional's views were based on outdated knowledge, or if they were held by a minority in their profession" is fraught with difficulty, given the highly polarised and divergent views on appropriate treatment options. Given VEOHRC appears to only consult with groups who are aligned with the 'gender affirming' model of treatment, the terms 'outdated knowledge' and 'minority views' can also be highly subjective and curated.

Specific detail should be provided for detransitioners, who are actively re-identifying with their sex and seek support to clarify and process their shifting views on gender identity.

7. How effective are VEOHRC's awareness and education materials on change or suppression practices? What improvements, if any, could help strengthen community understanding and compliance?

VEOHRC's materials in regards to conversion practices and gender identity are highly problematic regarding the evidence around gender identity and the wording of the act in regards to psychotherapeutic interventions, leading to widespread over-caution among professionals and anxiety for parents.





In particular, VEOHRC has irresponsibly suggested or implied that parents could face criminal charges for failing to affirm their children's trans identities, which has created unnecessary fear and a chilling effect on neutral, exploratory therapy. The implicit and sometimes explicit assumption from VEOHRC's website, information materials and training sessions is that 'gender affirming care' is the only acceptable model of support for gender distressed youth. We can provide examples.

This overreach has deterred therapists from offering neutral, exploratory support, as evidenced by our group's experiences sourcing care interstate or overseas. Improvements could include retracting or clarifying such alarming statements, developing targeted resources for families and therapists on permissible therapies, and incorporating positive outcomes from exploratory approaches (e.g., desistance and detransition experiences from our group).

Collaborating with groups who support neutral approaches to gender distress, would enhance understanding and compliance, while reducing the harm caused by VEOHRC's currently misleading approach. Similarly, referencing reports like the NSW Sax Institute's findings on therapy's safety and the UK Cass Report which is considered the most comprehensive and rigorous examination of gender distress in young people in recent years, would improve the balance of information provided by VEOHRC.

All LGBTQIA+ support groups currently recommended by VEOHRC follow the 'gender affirming care' model of support. Support groups such as [REDACTED] who offer more neutral support should also be recommended to both families and clinicians as options.

8. Are there any barriers to: a. reporting change or suppression practices to VEOHRC b. VEOHRC facilitating outcomes of reports c. VEOHRC conducting investigations. If so, please describe what those barriers are.

A clear understanding of what is defined as a change or suppression practice and what is not.

9. Are there changes that could help support VEOHRC to carry out its functions or improve the effectiveness of the civil response scheme? If so, please describe any changes.

Changes are urgently needed to curb VEOHRC's overreach, such as its suggestions that parents could face criminal charges for not affirming trans identities, which has fuelled fear and restricted access to neutral therapy. Support could include mandating balanced education that highlights exclusions and evidence like the NSW Sax Institute report and personal experiences of desistance and detransition, empowering VEOHRC to issue advisory opinions on specific practices (e.g., exploratory therapy), and requiring stakeholder input from parent groups to prevent biased interpretations.



It is likely a wholesale change of culture within the organisation is required to support more inclusive views of dealing with gender distress, as public statements and speeches from the CEO down to education staff all indicate a monoculture of support for 'gender affirming care' to the active exclusion of other options.

11. Are there other aspects of the criminal offences in the Act that limit their effective operation? If so, what changes or supports could improve their operation?

Clarity around the meaning of 'serious injury'. Advocates of 'gender affirming care' repeatedly state that actions such as 'misgendering', choosing to use a child's birth name or questioning a declaration of a gender identity can cause serious harm. This can lead gender distressed youth to amplify the distress they are feeling, limit the support they will engage with and promote the idea that they are victims of criminal offences. We can provide examples.

To better distinguish between allowable practices, even those that might make someone uncomfortable, and actual criminal offenses, more details and examples should be provided.

[Redacted content]