

SUBMISSION:

Focused Review of How the Change or Suppression Practices Ban is Working

AUSTRALIAN CHRISTIAN LOBBY

About Australian Christian Lobby

The vision of the Australian Christian Lobby (ACL) is to see Christian principles and ethics influencing the way we are governed, do business, and relate to each other as a community. ACL seeks to see a compassionate, just and moral society through having the public contributions of the Christian faith reflected in the political life of the nation.

With around 250,000 supporters, ACL facilitates professional engagement and dialogue between the Christian constituency and government, allowing the Voice of Christians to be heard in the public square. ACL is neither party-partisan nor denominationally aligned. ACL representatives bring a Christian perspective to policy makers in Federal, State and Territory Parliaments.

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Executive Summary

The processes used to introduce Victoria's *Change or Suppression (Conversion) Practices Act (2021)* ('The Act') have worked to privilege certain perspectives and exclude others. The ACL's concerns about those procedural irregularities are explained in greater detail at the end of this submission but we note the terms of reference for this Review seem to continue that pattern. This is particularly concerning because it is very clear that a principal purpose of this Act always was to limit freedom of religion.

During the Parliamentary debates, the opposition pointed out the need for greater clarity about how the Act would affect:

- (1) the rights of children and their parents, particularly in relation to seeking assistance with gender identity and sexual orientation issues including gender dysphoria;
- (2) the legal competence of children under 18 years of age to provide informed consent for gender-transitioning hormonal drug treatment, the puberty blocker treatment;
- (3) the rights of individuals to voluntarily seek assistance for gender identity and sexual orientation issues including via pastoral care and faith organisation counselling services;
- (4) the rights of faith organisations to provide such pastoral care and counselling services to individuals who voluntarily seek assistance; and
- (5) the rights of healthcare professionals to provide assistance and care to individuals who seek help for gender identity or sexual orientation issues.¹

Although these concerns were dismissed by the Victorian government at the time, the list is still useful in summarizing the biggest problems with the Act.

1. 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.

A difficulty in answering this question is that Victoria's Parliamentary debates never resolved what is, and what is not, a 'conversion practice.' ACL's concerns over the lack of definition are explained further in our conclusion to this submission.

There is no evidence of torture:

Certainly, it seems possible to say that there is no evidence that coercive or torturous efforts to change a person's 'sexual orientation' or 'gender identity' have been occurring in Victoria since the Act came into effect. However, there was also no evidence of such occurring before that time. The absence of coercive or torturous 'conversion practices', cannot be attributed to this legislation.

There is evidence the Act is restricting religious freedom:

¹ David Southwark, '[Second reading of the Change or Suppression \(Conversion\) Practices Prohibition Bill 2020](#)', Legislative Assembly Hansard, 59th Parliament of Victoria, 10 December 2020, 4046.

There is evidence that the Act has had a chilling effect on religious freedom. Conscientious Christians who find they cannot ascribe to the secular ideology imposed by the state through the Act, have been obliged to resign positions of leadership in the Church.²

There is evidence the Act is restricting the freedom of thought, conscience and belief:

The Act functions like as ‘a secular blasphemy law,’ requiring population-wide compliance with an ideology at variance with the beliefs of many Victorians. ██████████ who campaigned for this law, regards it as a measure of success that the Act has resulted in ‘incredible, legislatively-mandated education sessions that are being delivered to community right across the board.’³ Victoria’s vicarious liability laws ensure that anyone who wants to participate in the economic life of the state is now obliged to comply with a strongly ideological re-education program.

There is evidence the Act is restricting parental rights and patient choice in healthcare:

There is also evidence that the Act is preventing parents of children with gender-related issues to find a psychotherapist willing to help. In the case of *Re Devin (2025)*, ‘the father gave evidence that, in his endeavour to garner evidence in support of his case and in opposition to that of the mother, he had contacted very many (in fact, he said, “hundreds” of) therapists who were not interested in treating children with gender issues, because of the Change or Suppression (Conversion) Practices Prohibition Act and like pressure.’⁴

Further expansion would magnify these existing problems:

We note with interest the Consultation Paper suggests that ‘change or suppression messages’ are still a problem. It states:

‘The law plays an important role in establishing rights and obligations for all Victorians. The law also set standards for how we expect individuals and organisations to behave. It is important to understand that while the Act has introduced protections for LGBTQA people in Victoria, many Australian LGBTQA people report experiencing exposure to change or suppression messages.’⁵

The effect of this statement, in that context, is to suggest that ‘exposure to change or suppression messages’ – also known as heteronormative messages – represents a problem which an upgraded Act might legitimately address. It perhaps needs to be stated that preventing ‘change or suppression messages’ was not within the scope of the Act, as passed in 2021. One of the few features of a

² Dr Mark Durie, [A Canary in the Anglican Coal Mine](#), Quadrant, March 2025.

³ [‘Conversion Practices Survival with ██████████’](#), Well, Well, Well, Joy FM, 22 April 2024.

⁴ *Re: Devin [2025] FedCFamC1F 211 (3 April 2025)*, [21].

⁵ Consultation Paper, [2.4], 9. The *Improving Spiritual Health* project, run by the Australian Research Centre for Sex Health and Society at La Trobe University is cited as evidence. We note that, this project is an extension of the *Preventing Harm, Promoting Justice (PHPJ)* report and that ██████████ have been involved in both. In July 2020, ██████████ was made Honorary Research Fellow at ARCSHS. ██████████, Linked In. Accessed 22/06/24); In the same year, a new research project led by ██████████ (co-author of *PHPJ*) – ‘Improving Spiritual Health Care for LGBTQA+ Australians’ – was announced. (*ARCSHS 2021 Annual Report*, 19).

‘change or suppression practice’ that was established with certainty in the Parliamentary debates is that punishable activity needed to be ‘a practice.’⁶

It follows that, were this Review to recommend amending the Act to prohibit ‘conversion messages,’ this would represent a different legislative objective. It is not clear from the TOR that it is open to this Review to suggest such expansion.

2. To what extent do you think the community is aware of and understands: a) the Act and how it works, b) what change or suppression practices are, and c) the harm caused by change or suppression practices.

a) the Act and how it works

From our interactions, the community appears to be well aware of the Act and the mechanisms of enforcement.

b) what change or suppression practices are

Whether anyone can be said to ‘understand’ what change or suppression practices are (and are not) is far less certain. The reasons for this are discussed in answer to Question 4 below.

c) the harm caused by change or suppression practices

The definition of ‘conversion practices’ is potentially extremely broad. Community-wide acceptance that the wide range of ‘practices’ (and non-practices)⁷ that have been characterised as ‘conversion practices’ are ‘harmful’ is likely to require better evidence than has so far been produced. The information presented in *Preventing Harm, Promoting Justice* (PHPJ) – i.e., the report produced by activists in support of the proposition that Christian doctrine is ‘harmful’ – was remarkably thin and one-sided. There is no way to verify the claims of harm put forward by the non-representative sample of 15 surveyed for that report. The report did not consider the significant evidence of people reporting benefit from the very practices now denounced and prohibited in Victoria.⁸

On the other hand, there is demonstrable harm when legislation restricts the conversations vulnerable individuals may have with psychotherapists, religious counsellors, or even friends and family.

⁶ Jacyn Symes, Second reading, Change or Suppression (Conversion) Practices Prohibition Bill 2020, Legislative Council Hansard, 59th Parliament of Victoria, 4 February 2021, 278–79, 280, 282, etc.

⁷ Bernard Lane, [‘Overreach’ by conversion therapy watchdog](#), Gender Clinic News, 1 June 2022.

⁸ See, for example, ‘Free To Change: survey of 78 ex-LGBT people’, CAUSE, 2021.

3. Could the Act's operation and effectiveness be improved? If so, how?

According to the Consultation Paper, 'effectiveness is the degree to which something is achieving the desired results.'⁹ One objective of the Act is to 'further promote and protect the rights set out in *The Charter of Human Rights and Responsibilities Act (2006) (Vic)*, (*the Charter*). The 'main purpose' of the Charter is to promote human rights, not limited to those specified in the Charter itself.¹⁰ This means the full range of human rights secured by the ICCPR are relevant for the purposes of this review. It follows that, to the extent that the Act restricts those rights, it falls short on a key measure of 'effectiveness'.

The 'Statement of Compatibility' presented to the Victorian Parliament by Hennesey, misrepresented the extent to which the Bill restricted human rights and overstated the justification for those restrictions.¹¹ Significant improvements could be made by adjusting the scope of the Act to ensure any limitations are appropriate for and proportionate to the problem this legislation seeks to address.

This Review should consider:

- 1) Confining the definition of 'conversion practices' to coercive, torturous or unethical practices, where harm is demonstrable
- 2) Ensuring the Act recognises the primacy of parents in decision-making for their children
- 3) Affirming that the prerogative of parents 'to ensure the religious and moral education of their children in conformity with their own convictions' (article 18(4), ICCPR) is respected
- 4) Affirming that parents are free to decline so-called 'gender-affirming' medical interventions for their children
- 5) Removing 'gender identity' from the Act. Alternatively, ensuring open, exploratory psychotherapeutic counselling is explicitly excluded from the definition of 'conversion practices.'
- 6) Excluding conventional religious practices (including prayer and pastoral counselling) from the definition of 'conversion practices.'
- 7) Winding up the civil penalty scheme.

The civil penalty scheme should be abolished to ensure bureaucrats do not have responsibility for determining penalties. The criminal penalty scheme is less open to abuse because government

⁹ See 2.1(b) of the Consultation Paper.

¹⁰ According to s. 5 of the Charter: 'A right or freedom not included in this Charter that arises or is recognised under any other law (including international law, the common law, the Constitution of the Commonwealth and the law of the Commonwealth) must not be taken to be abrogated or limited only because the right or freedom is not included in this Charter or is only partly included.'

¹¹ Jill Hennesey, 'Change or Suppression (Conversion) Practices Prohibition Bill 2020', Legislative Assembly, Parliament of Victoria, 26 November 2020, 3714ff.

interventions are subject to judicial review and offenses are triggered at higher, defined thresholds where harm is demonstrable.

4. How clear is the Act's definition of what is and what is not a change or suppression practice? If further clarity is needed, what forms of clarification would be most helpful?

The definition of 'conversion practices' in the Act is both broad and vague. It potentially captures conversations that would normally be shielded from government intrusion by: respect for freedom of religion, respect for patient-doctor confidentiality and protections for the privacy of the family. In addition, it captures normal, everyday conversations between friends, family members, work colleagues and acquaintances in which the government has no legitimate interest.

Evidence of harm should be required

Disputes about whether certain types of conversation are always harmful are ongoing. Opinions can be expected to vary. Because of this, the ACL recommends the Victorian Act should be amended to include a definition of 'harm' similar to s. 5(1)(b) of the Conversion Practices Ban Act 2024 (NSW), ('the NSW Act'):

- (1) A person commits an offence if the person provides or delivers a conversion practice to an individual—*
- (a) with the intention of changing or suppressing the individual's sexual orientation or gender identity, and*
 - (b) that causes mental or physical harm to the individual that—*
 - (i) endangers the individual's life, or*
 - (ii) is substantial.*

This ensures the legislation is appropriately targeted to protect vulnerable individuals from harm that can be objectively verified. It limits the extent to which this law can be weaponised to enforce compliance with ideology.

'Gender identity' should be excluded, pending the resolution of ongoing debates about 'gender affirmation'

The inclusion of 'gender identity' is problematic because this has the effect of blocking access to counselling and exploratory talk-therapy for those (including children) with gender-related concerns. Only 'gender-affirming care' (GAC) is explicitly excluded from the prohibition. This treatment approach is increasingly controversial. Several international jurisdictions, as well as Queensland and the Northern Territory, have now taken steps to restrict access to these treatments.

'Gender identity' was dropped from a UK 'Conversion Practices Prohibition Bill' following the publication of the Interim Report of the Cass Review and her headline finding that experimental hormone treatments offered by the Tavistock clinic were 'not a safe or viable long-term option' for

children and young people.¹² It was recognised that an effect of including ‘gender identity’ in the prohibition would be, effectively, to block access to alternative forms of treatment, leaving only GAC on the table.

Restricting medical choice in that way compromises that extent to which patients who proceed with GAMSTs can be said to have provided ‘informed consent’ to treatment. ‘Informed consent’ requires that patients are presented with impartial information about the full range of treatment options available and the risks and benefits of each. It also requires that they are free from coercion in reaching a decision.

If gender identity is retained in the Act, then exclusions should be added to reassure psychologists and registered counsellors that open, non-directive talk-therapy is not captured.

Exclusions are needed to protect religious freedom, access to healthcare and the family

The NSW Act provides greater clarity by listing practices are certainly not captured by the legislation. According to Section 3(3):

A conversion practice does not include—

(a) a health service or treatment provided by a registered health practitioner that—

(i) the registered health practitioner has assessed as clinically appropriate in the registered health practitioner’s reasonable professional judgement, and

(ii) complies with all relevant legal, professional and ethical requirements, or

Examples of health services or treatments that do not constitute a conversion practice—

any of the following health services or treatments assessed by a registered health practitioner as clinically appropriate—

- genuinely assisting an individual who is exploring the individual’s sexual orientation or gender identity or considering or undergoing a gender transition*
- genuinely assisting an individual who is receiving care and treatment related to the individual’s gender identity*
- genuinely advising an individual about the potential impacts of gender affirming medical treatment*

(b) genuinely facilitating an individual’s coping skills, development or identity exploration to meet the individual’s needs, including by providing acceptance, support or understanding to the individual, or

(c) the following expressions if the expression is not part of a practice, treatment or sustained effort, directed to changing or suppressing an individual’s sexual orientation or gender identity—

(i) an expression, including in prayer, of a belief or principle, including a religious belief or principle,

¹² [‘Australia needs to reconsider laws that restrict helpful psychological interventions for children’](#), Women’s Forum Australia, 29 April 2022.

(ii) *an expression that a belief or principle ought to be followed or applied.*

(4) *To avoid doubt, the following are examples of what does not constitute a conversion practice under this section—*

- (a) *stating what relevant religious teachings are or what a religion says about a specific topic,*
- (b) *general requirements in relation to religious orders or membership or leadership of a religious community,*
- (c) *general rules in educational institutions,*
- (d) *parents discussing matters relating to sexual orientation, gender identity, sexual activity or religion with their children.*

This could be improved. Some of these exceptions are unclear or subjective. Evidence that these restrictions on religious freedom are appropriate and proportionate is still lacking. Discussions of sexuality and gender – particularly between family members (not limited to parents and children) – should be excluded. So too should secular counselling, pastoral care and non-coerced prayer. It is an affront to the principle of equality that the Act currently prevents LGBTIQ+-identifying adults accessing counselling services or pastoral care that are available to everyone else.

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

Section 5(2)(a) of the Act effectively positions GAC or GAMSTs as the only lawful form of treatment for those experiencing gender distress. In theory, 5(2)(b) could still allow health service providers to exercise their ‘reasonable professional judgement’ and ‘to comply with the legal or professional obligations of the health service provider.’ In reality, this means that health service providers whose ‘reasonable professional judgement’ does not align with the ideological framework within which GAC operates have simply stopped seeing LGBTIQ+ patients. It is simply not worth the risk of professional ruin (not to mention lengthy prison sentences). The result is that vulnerable patients are left with one treatment option.

These matters were raised by medical associations at the time the *Change or Suppression (Conversion) Practices Bill 2020 (Vic)* (‘the Bill’) was debated by these submissions were set aside in the government’s enthusiasm to ‘bulldoze-through’ the new legislation. For example, Edward O’Donohue MP, speaking on behalf of the opposition, noted that the proper consultation with faith leaders, with psychiatrists and with the AMA had not taken place: ‘It is unfortunate that the new Attorney has not taken the opportunity to do the consultation with affected stakeholders that clearly the previous Attorney did not do.’¹³ Where the Scrutiny of Acts and Regulations Committee had raised concerns in its Alert Digest report on the bill, it was not clear that either Hennesy or the newly appointed Attorney General, Jaclyn Symes, had responded to these concerns.

¹³ Edward O’Donohue, [Second reading of the Change or Suppression \(Conversion\) Practices Prohibition Bill 2020](#), Legislative Council Hansard, 59th Parliament of Victoria, 4 February 2021, 207.

O'Donohue observed that the decision of UK Divisional Court in the case of *Bell v Tavistock*, handed down on 1 December 2020, had not prompted reconsideration of the drafting.¹⁴ The AMA Victoria raised concerns that the bill 'unfairly targets psychiatry and psychotherapy specifically, that it went further than similar legislation in the ACT and Queensland.'¹⁵ The National Association of Practising Psychiatrists (NAPP) observed that:

*'The Bill is based to a very large extent on erroneous and unscientific beliefs insofar as it concerns issues of gender identity... [and] lacks any evidential basis for criminalising the treatment by mental health professionals.'*¹⁶

Those who advocate GAC as the only ethical form of treatment for gender-related distress may regard constraints on other forms of medical practice as a desirable outcome. For those with responsibility for proper governance, a problem that follows from rushed legislation is that a myriad of questions remain unanswered. This law intersects with a complex matrix of legal and ethical requirements that surround health service delivery. In the absence of certainty, clinicians who affirm, and those who do not affirm, are both potentially threatened with different forms of legal penalty.

When the Family Court liberalised access to GAC treatments, it did so based on certain assumptions. It assumed that:

- parental oversight of treatment decisions would act as a safeguard for the best interests of children¹⁷
- medical interventions would only be contemplated following a comprehensive assessment of the child's presenting conditions.¹⁸

The Act creates problems because it interferes with those protections.

It disregards the primacy of parents in medical decision making on behalf of children

In *Re Kelvin* (2017), one of the reasons the Court gave for resiling from further involvement in Stage 2 decisions (involving cross-sex hormones) was respect for the primacy of 'loving, caring and committed parents'¹⁹ in decision-making concerning their children and that 'there is real legitimacy to a position adopted by parents who fit that description that it is them [sic], and not the court, who, together with appropriately qualified expert clinicians, are best placed to decide what is right for their children.'²⁰ The Family Court has taken great care to ensure the exercise of *parens patriae* powers is reserved for situations of demonstrable harm. This makes Victoria's legislation even more striking. It disregards the primacy of parents and allows the state to intrude upon the privacy of the family in response to 'harm' defined at low (and highly questionable) thresholds. The Act prohibits open exploration of a wide variety of issues that might otherwise arise naturally in regular counselling sessions or conversations

¹⁴ O'Donohue, op. cit., 207.

¹⁵ O'Donohue, op. cit., 206.

¹⁶ O'Donohue, op. cit., 206.

¹⁷ *Re Jamie* (2013) FamCAFC 110, [107]; *Re Kelvin* (2017), FamCAFC 258, [191]; Georgina Dimopoulos, [Rethinking Re Kelvin: A Children's Rights Perspective on the 'Greatest Advancement in Transgender Rights' for Australian Children](#), UNSW Law Journal, vol. 44(2), 2021.

¹⁸ *Re Kelvin* (2017), FamCAFC 258, [118].

¹⁹ *Re Kelvin* (2017), FamCAFC 258, [117], citing *Re Sam and Terry* (2013), [102].

²⁰ *Re Kelvin* (2017), FamCAFC 258, [117]

between friends and family members. Until 2024, VEOHRC’s website asserted that parents did not have the authority to decline GAMSTs for their child.²¹

The Australian Standards of Care and Treatment Guideline for Trans and Gender Diverse Children and Adolescents (ASOCTG) does not require a global psychosocial assessment prior to treatment decisions being taken and that assessment is now impeded by the Act

The Court did expect a global biopsychosocial assessment (a ‘comprehensive multidisciplinary assessment’) before children were committed to GAMSTs.²²

In *Re Jamie*, the Full Family Court concluded that ‘[p]roperly advised and informed, parents are in a position to make such decisions’²³ (emphasis added). In *Re Kelvin* (2017) the Full Family Court stipulated that, although court authorisation for treatment is not required ‘this is so ... only where the diagnosis has been made by proper assessment and where the treatment to be administered is in accordance with the best practice guidelines.’²⁴

The Act (which passed after these decisions were handed down) has changed the decision-making landscape assumed by the Court. It places constraints on the conversations that mental health professionals can engage in with their LGBTIQ+ patients. In effect, it rules out treatment options other than GAC. As Women’s Forum Australia has commented:

‘By government fiat, the controversial ‘affirmation only’ approach to gender transitioning is now the only available treatment option for gender diverse individuals in Victoria. Anyone who fails to affirm an incongruent gender identity in even a very young, traumatised, mentally compromised child; anyone who enquires into the aetiology of that gender identity; anyone who seeks to reconcile that child with their bodily sex, now risks imprisonment.

Such a law only makes sense if there is cast iron certainty that the ‘affirmation only’ approach is always, without exception, the correct treatment for everyone. As the international trend away from the ‘affirmation only’ approach reveals, no such certainty exists and uncertainty is growing. If interventions to help gender dysphoric patients are to have good outcomes, we need to ensure that the law, and professional standards are being established in response to sound evidence rather than simply in response to pressure from political activists.’²⁵

The complex family dynamics described in the *Re Devin* (2025) case serves as a salutary reminder that determining the best interests of children is rarely simple. Those determinations are best made by those with visibility of different cases. As O’Donoghue pointed out at the time, it is not appropriate for Parliament to presume to determine what is clinically appropriate for health professionals.²⁶ Blanket

²¹ Bernard Lane, [Memory holes and insider policy on conversion law and gender transition](#), Gender Clinic News, 6 June 2024.

²² *Re Kelvin* (2017), *FamCAFC* 258, [10–11].

²³ *Re Jamie* (2013) *FamCAFC* 110 [107].

²⁴ *Re Kelvin* (2017), *FamCAFC* 258, [162].

²⁵ [Australia needs to reconsider laws that restrict helpful psychological interventions for children](#), Women’s Forum Australia, 22 April 2022.

²⁶ Edward O’Donoghue, Legislative Council Hansard, Parliament of Victoria, 4 February 2021, 208.

determinations made from a distance and without knowledge of the relevant facts are more likely to harm than to help.

The medical evidence has moved on and is still evolving

Further, since the Family Court decisions to liberalise access to GAMSTs for children were taken, the international evidence has moved on considerably. For example, the Family Court's determination that parents have authority to consent to puberty blockers, was grounded in the firm belief that puberty blockers were 'fully reversible.' [REDACTED] a former Chief Justice of the Family Court who wrote the lead judgment in *Re Jamie* (2013) has recently admitted that, had the Court had then the evidence that is available now, a different conclusion might have been reached.²⁷

ASOCTG were accepted by the Court in *Re Kelvin* (2017) as a model of best practice.²⁸ However, the Cass Review scored ASOCTG particularly poorly in several key categories including: 'Rigour of development' (19%), 'Applicability' (19%), and 'Editorial independence' (14%). The low score for 'rigour of development' is particularly concerning because, as the Final Report of the Cass Review explained,

*'[r]igour of development is an important bedrock of guideline development. It includes systematically searching the evidence, being clear about the link between recommendations and supporting evidence, and ensuring the health benefits, side effects and risks have been considered in formulating the recommendations.'*²⁹

This document is increasingly controversial, as are the Standards of Care (7th and 8th editions) published by the World Professional Association of Transgender Health (WPATH) and the US Endocrine Society Guideline (2009),³⁰ on which ASOCTG draws.

Given the evolving state of medical evidence, a law that prevents clinicians acting on their professional judgment is likely to harm more than it helps. Clinicians rightly feel the chilling effect of the current wording of section 5. The dubious reassurance of s. 5(3)(b) evaporate almost completely when read in light of s 5(3)(c):

'For the purposes of subsection (1), a practice includes, but is not limited to the following— (a) providing a psychiatry or psychotherapy consultation, treatment or therapy, or any other similar consultation, treatment or therapy; (b) carrying out a religious practice, including but not limited to, a prayer based practice, a deliverance practice or an exorcism; (c) giving a person a referral for the purposes of a change or suppression practice being directed towards the person.'

Arguably, the people most hurt by these restrictions are the very people the legislation claims to help. Counsellors are unwilling to take on LGBTIQ+ clients because they risk prison sentences for saying the wrong thing. Individuals who want holistic support are denied real choice, which can deepen psychological distress rather than resolve it.

²⁷ Bernard Lane, '[Former Family Court chief justice Diana Bryant admits doubts over landmark puberty blockers ruling](#)', *The Australian*, 10 November 2025.

²⁸ *Re Kelvin* (2017), *FamCAFC* 258, [162].

²⁹ Cass Review, Final Report, [9.13], 128.

³⁰ See [Brief of Alabama as Amicus Curiae supporting State Respondents](#) presented in the case of *United States v. Skrmetti*, 605 U.S. 495 (2025).

6. Is greater clarity needed about how people of faith can hold and express their beliefs to support clear understanding and compliance with the Act? What forms of clarification would be most helpful?

The question acknowledges, correctly, that the Victorian government has assumed authority for determining ‘how people of faith can hold and express their beliefs.’ That represents a violation of freedom of religion, as established in article 18 of the ICCPR – elements of which also appear in s. 14 of the Charter:

(1) Every person has the right to freedom of thought, conscience, religion and belief, including—

(a) the freedom to have or to adopt a religion or belief of that person's choice; and

(b) the freedom to demonstrate that person's religion or belief in worship, observance, practice and teaching, either individually or as part of a community, in public or in private.

(2) A person must not be coerced or restrained in a way that limits that person's freedom to have or adopt a religion or belief in worship, observance, practice or teaching. (emphasis added).

Hennesey’s ‘Statement of Compatibility’ recognised the right to freedom of religion (Section 14) and right to culture (Section 19) (based on article 27 of the ICCPR) would be limited by the Act. ‘While the Bill may limit these rights for some people, for others their rights to freedom of religion and belief, and to culture, will be better protected.’³¹ It is a misrepresentation to say that the rights limited do not also impact LGBTIQ+-identifying people. What these limitations do is to compromise the enjoyment of the right to freedom of religion *and* right to culture for everyone, while empowering the state to dictate ‘how people of faith can hold or express their beliefs.’

These limitations are intended to preserve LGBTIQ+-identifying people of faith from contact with non-approved religious teachings. More accurately, it limits their ability to engage fully with their faith and the life of their faith community. Pastoral conversations with LGBTIQ+-identifying congregants must now be conducted with the possibility that third parties will issue anonymous reports. A Biblical view of sexuality and gender must be carefully parsed – or not spoken about at all, at least to certain people – to ensure that the central tenets of a secular anti-Christian ideology are not offended.

People of faith do not need direction on what they may and may not say. What is needed is the restoration of the human rights that this Act curtails.

Because Australia has been blessed with a long history of religious tolerance, there are any number of different types of places of worship. If people are offended by the teachings of one church, they are

³¹ Jill Hennesey, ‘Change or Suppression (Conversion) Practices Prohibition Bill 2020’, Legislative Assembly, Parliament of Victoria, 26 November 2020, 3714ff.

perfectly free to go to a different church. Instead, the Act functions to interfere in everyone's personal choice and freedom of association.

The activists who 'inspired and shaped' this legislation have explained that their strategy involved 'reframing' Christian theology as 'a harmful ideology'.³² Human rights violations aside, legislation that 'denounces' traditional Christian teaching as harmful is extraordinarily socially divisive.

Victorian faith communities are well aware that the Act has restricted their ability to hold and express their beliefs — particularly when supporting others, including their own children, experiencing sexual orientation and gender distress. Though still not perfect, exclusion of the type listed in the s. 4 of the NSW Act would represent an improvement:

'4) To avoid doubt, the following are examples of what does not constitute a conversion practice under this section—

- (a) stating what relevant religious teachings are or what a religion says about a specific topic,*
- (b) general requirements in relation to religious orders or membership or leadership of a religious community,*
- (c) general rules in educational institutions,*
- (d) parents discussing matters relating to sexual orientation, gender identity, sexual activity or religion with their children.'*

As things stand, many parents are concerned they can no longer teach sexual ethics in line with their faith or support a child experiencing gender confusion. They are aware of the risk of serious criminal penalties, including for taking a child interstate for practices deemed 'conversion practices.' These represent a violation of article 18(4) of the ICCPR, which recognises the right of parents to raise their children in conformity with the own moral and religious convictions.

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?

The Victorian Equal Opportunities and Human Rights Commission (VEOHRC) was tasked with explaining to Victorians their new obligations under the Act. There is a lack of transparency as to how VEOHRC arrives at the interpretation of the Act. At times, VEOHRC has communicated an unduly expansive interpretation of the legislation.³³

For example, the 'Fact Sheet' issued by the Victorian Government prior to the introduction of the Act assured Victorians that the proposed law would not 'remove the rights of parents about health

³² See 'Conclusion' for further details of this.

³³ Bernard Lane, [Memory holes and insider policy on conversion law and gender transition](#), Gender Clinic News, 6 June 2024.

decisions for children who are questioning their gender identity.³⁴ However, VEOHRC’s website told readers that practices prohibited under the Act included: ‘a parent denying their child access to any health care services that would affirm their child’s gender identity.’³⁵ This statement was removed in early 2024, with a vague acknowledgment that there were grounds for doubt over whether this would, after all, qualify as a ‘prohibited practice.’ But for upward of two years, the VEOHRC website had assured Victorian parents that it would. The medical consequences of that misrepresentation are potentially very serious.

Nor, given the public statements of VEOHRC officials, can that misrepresentation be discounted as an honest mistake. Only two months later, ██████████ hosted a VEOHRC webinar in which he addressed the findings of the UK’s Cass Review. In the course of a thorough, well-funded four-year research program, Cass (a former President of the Royal College of Paediatrics and Child Health) concluded that GAC had been built on ‘shaky foundations’³⁶ and that a ‘fundamentally different service model’³⁷ was needed.

██████████ spoke disparagingly of both Cass and her research, referring to the findings of the Cass Review as ‘disinformation’ from a ‘village idiot’.³⁸ ██████████ asserted (incorrectly) that Cass’s recommendations were ‘based on a very limited number of studies only within the UK.’³⁹ His reasons for ‘dissing Cass’ were clearly ideological – he regarded Cass’s finding as part of a ‘surge in “dangerous” messaging that it was unnatural to be transgender.’⁴⁰

The fact that ██████████ felt empowered to use a VEOHRC platform to express those views would appear to provide legitimate grounds for concern that VEOHRC is predisposed to offer a biased interpretation of the Act. The episode underscores the pitfalls of leaving ideologically motivated bureaucrats to determine best medical practice.

VEOHRC’s awareness and education materials have been effective in promoting the message that the affirmative approach is the only option, while overlooking emerging medical developments that support more holistic responses to gender dysphoria and distress. As with the definition of ‘conversion practices,’ any associated education materials — including VEOHRC’s website — should be reviewed and updated to reflect current accurate medical evidence and the effect of any relevant developments in Australian case law.

³⁴ [Fact Sheet – Change or Suppression \(Conversion\) Practices Prohibition Bill 2020](#), Vic Gov. Accessed 17/03/26.

³⁵ Bernard Lane, ‘[Memory holes and insider rules](#)’, *Gender Clinic News*, 19 March 2024.

³⁶ Hillary Cass, ‘[Gender medicine for children and young people is built on shaky foundations. Here is how we strengthen services](#)’, *British Medical Journal*, vol. 385, 9 April 2024, q814.

³⁷ Hillary Cass, *Independent Review of Gender Identity Services for Children and Young People: Interim Report*, NHS England, February 2022. [1.35], 20.

³⁸ Bernard Lane, ‘[Dissing Cass](#)’, *Gender Clinic News*, 24 May 2024.

³⁹ Bernard Lane, ‘[Dissing Cass](#)’, *Gender Clinic News*, 24 May 2024.

⁴⁰ Bernard Lane, ‘[Dissing Cass](#)’, *Gender Clinic News*, 24 May 2024.

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.

There are effectively no barriers to reporting alleged conversion practices to VEOHRC, as complaints can be made easily — even anonymously. The process is so accessible that it carries a real risk of being misused or weaponised. Proposals to expand VEOHRC’s powers should be rejected, as discussed in answer to Question 9.

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

Yes. It is strongly recommended that:

1) The ‘secrecy provision’ (Section 51, as referenced in 3:13 of the Consultation Paper) be removed from the Act. There is the risk that the ability to share protected information could be misused for political purposes to intimidate those who hold to traditional Christian beliefs. On the other hand, transparency is needed to ensure VEOHRC’s powers of investigation are not misused.

2) All investigations and cases reported to VEOHRC be conducted with transparency.

3) Complainants be identified and properly documented. The ability for third parties to report complaints anonymously creates the opportunity for this reporting facility to be misused for frivolous or vexatious purposes. VEOHRC should be required to document the details of each reported incident, including the identity of the reporter.

4) An annual public report (with de-identified information to protect the privacy of the individuals involved) outlining the number of reports received, the number of investigations initiated, and outcomes of those investigations should be available to the public.

5) The ‘positive duty’ elements of Victoria’s Equal Opportunity Act 2020 already burden business owners to an extraordinary degree. The proposal that VEOHRC should be given authority to ‘take positive action to prevent the occurrence of change or suppression practices’ by ‘identifying and managing risks before they occur’ (3:20–22) should be firmly rejected. The wording of the Act means it already functions as the instrument of ideology-enforcement. VEOHRC staff have shown an obvious enthusiasm for prosecuting that objective, even when it involves a dubious interpretation of the law. In those circumstances, greater oversight – not further expansion – of VEOHRC’s powers is needed. For similar reasons, the proposal in 3.14 should be resisted. VEOHRC should not be authorised to ‘use the risk of an investigation’ to threaten the public or police thought.

10. Are there barriers to reporting, investigating and prosecuting criminal change or suppression offences? If so, what are they?

There are no meaningful barriers. The absence of criminal offences in recent years suggests there have been no demonstrable instances of conversion practices in Victoria. This is consistent with the lack of evidence of any coercive or torturous efforts to change a person's 'sexual orientation' or 'gender identity' prior to the introduction of this law.

On the other hand, the law has created a significant chilling effect. Beyond impacting religious freedom, it has led many to self-censor out of fear, restricting ordinary religious expression and practice. The demonisation of those who hold to traditional heteronormative beliefs has sewn division and distrust within the community and even within families.

For these reasons, any expansion of the Act — whether through broader civil or criminal provisions, or the introduction of an offence that does not require proof of injury (4.5) — should be firmly opposed. Such measures would be highly subjective and open to misuse.

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?

None.

12. Do existing avenues for redress adequately meet the needs of victim survivors of change or suppression practices? Are there gaps, harms or barriers that require an additional or separate redress mechanism?

As noted in 5.4, victim-survivors already have multiple avenues to pursue financial compensation. No additional redress mechanism is necessary.

As noted earlier, the range of practices (and non-practices) potentially deemed offensive is currently very broad (a consequence of the use of 'umbrella terms'). This creates the potential for the Act to be weaponised as the instrument of ideology enforcement. If a private redress scheme were added to that, activists would be financially incentivised to prosecute that potential to the full.

The existing Victoria's Financial Assistance Scheme (FAS) criteria — including the requirement to demonstrate proof of injury (5.4) — should be retained to ensure fairness and prevent misuse.

Any proposal that the redress scheme should apply retrospectively should be firmly rejected.

13. Should a civil cause of action be introduced under the Act? What distinct purpose would it serve compared to existing pathways?

In light of the multiple redress avenues identified in 5.4, introducing a civil cause of action would be unnecessary. If recommendations are made to allow civil complaints to be referred to VCAT, then the definition of a reportable conversion practice would need to specify demonstrable harm, in line with the s. 5(1) of the NSW Act.

Concerns about the processes used to introduce this legislation and the terms of reference for this review

A problem for those seeking to answer questions about whether the Act has achieved its objectives and how it can be improved is that there has been considerable mixed messaging about what the legislation was intended to accomplish and how ‘conversion practices’ are to be defined. Put simply, the problem is this: if we cannot define ‘conversion practices’ with precision, how can we gauge whether legislation has been successful in eradicating them?

According to the Ministers who spoke in support of the Bill in Parliament and a ‘Fact Sheet’ published by the Victorian government at that time⁴¹, the proposed law would not unduly restrict conventional religious practice. Martin Foley, then Minister for Equality, told the Victorian Parliament that the Bill ‘deliberately and specifically avoids intrusions into doctrinal or other beliefs provided that they do not hurt or harm people in the manner ... that is set out in the bill.’⁴² The ‘practices’ to be prohibited were described as ‘antediluvian,’ perpetuated only by ‘some groups on the margins of these [meaning, religious] communities.’ ‘Mainstream faith communities have nothing to fear from this bill,’⁴³ said Foley.

However, Foley also acknowledged that the Bill had been ‘inspired by and shaped by people who have experienced such practices firsthand.’⁴⁴ Prominent among these is ██████████ the leader of a community organisation called ██████████. In Parliamentary hearings and interviews with JoyFM, ██████████ has explained that his fundamental objection is to the promulgation of mainstream Christian teaching on issues related to sexuality and gender. ██████████ apparently regards these as inherently harmful but persuading governments to intervene in matters of religious doctrine had been a problem. As ██████████ told a Queensland Parliamentary Committee, ‘Australian politics is quite hesitant to engage with anything to do with religious freedom ... this idea of legislation and government delving

⁴¹ [‘Fact Sheet – Change or Suppression \(Conversion\) Practices Prohibition Bill 2020](#), Victorian Government. Accessed 16/06/24.

⁴² Martin Foley, Legislative Assembly, 10th December 2020, 4049.

⁴³ Martin Foley, Legislative Assembly, 10th December 2020, 4049.

⁴⁴ Martin Foley, Minister for Equality, ‘Second reading of the Change or Suppression (Conversion) Practices Prohibition Bill 2020’, Legislative Assembly Hansard, 59th Parliament of Victoria, 10 December 2020, 4050.

into that theology is avoided.⁴⁵ The strategy ██████████ and his friends adopted – in the end, successfully – was to ‘reframe’ conventional Christian theology as ‘a harmful ideology.’⁴⁶

██████████ was on the steering committee for the *Preventing Harm, Promoting Justice (PHPJ)* report, which was crafted to support the claim that ‘conversion practices’ are harmful.⁴⁷ PHPJ’s authors used the term ‘conversion practices’ as an ‘umbrella term’ to describe anything from torture to regular pastoral counselling. The common element uniting all the different things that PHPJ’s authors considered ‘conversion practices’ is that they are grounded in a ‘heteronormative’ worldview. As an example, PHPJ noted that some churches have a ‘welcoming but not affirming’ policy toward LGBTIQ+ congregants. This was considered a form of ‘conversion practice.’⁴⁸ In other words, failure to demonstrate assent to a secular philosophy which in the sincere belief of many Christians contradicts the Bible should – according to the group responsible for shaping and inspiring the Act – qualify as a ‘conversion practice,’ punishable by law.

The proposition that the Act was crafted to compel population-wide compliance with a secular worldview (to be dictated by activists working within the Victorian government) is supported by ██████████ 2024 interview with JoyFM, in which he explained as follows:

‘The real measure of success [of the Act] is the incredible, legislatively mandated education sessions that are being delivered to community right across the board. So many sessions now for mental health professionals and a roll-out of an incredible training package written by ██████████ to faith community leaders and pastoral care professionals. I think that’s the real sign of success ... this incredible

⁴⁵‘We say it is not a theology; it is an ideology. It makes claims that are crossing the line and swimming out of their lane into claims that are actually psychological. They are pseudo-scientific.’ ██████████ [Public Briefing – Inquiry into the Health Legislation Amendment Bill 2019](#), Transcript of Proceedings, Health Communities, Disability Services and Domestic Violence Prevention Committee, Queensland Parliament, Monday 7 February 2020, 3). ‘[M]ost of the practices that conversion practices are disguised as – or what they look like – usually are practices that, if they didn’t have that motivation, would be kind of okay, like prayer or pastoral care, or that kind of thing, or counselling. They’re all fine if they are not underpinned by this intention to change or suppress someone’s orientation or gender, or this idea that you’re broken. And so, reframing it [i.e. reframing Christian theology as an ideology] has been so helpful.’ ([‘Conversion Practices Survival with ██████████ Well, Well, Well, Joy FM, 22 April 2024.](#))

⁴⁶ According to ██████████ testimony before the Queensland Inquiry into the Health Legislation Amendment Bill 2019: ‘99 per cent of the conversion practices we see happen in this realm of pastoral care. There is a small number that happens through counselling. Counselling is not regulated in Australia. It is not government-regulated through AHPRA. “Pastoral care” is a vague term that has almost no legislative definition around it.’ ([Public Briefing – Inquiry into the Health Legislation Amendment Bill 2019](#), 7 February 2020, 3); [‘Conversion Practices Survival with ██████████ Well, Well, Well, Joy FM, 22 April 2024.](#)

⁴⁷ It would be wrong to accept the *PHPJ* findings as in any way probative of presuppositions that were never critically examined. These include that ‘conversion practices’ are: ‘all about telling people there is something that needs to be cured or beaten out of them’; are always harmful; undermine a same-sex attracted person’s ‘sense of personal value and worth’; and that some sort of regulatory intervention to address the problem was needed to prevent it happening. These presuppositions appear to have been the subject of consensus before *PHPJ* commenced. ([‘Moves to tackle ex-gay conversion therapy’](#), *Human Rights Law Centre (HRLC)*, [media release], 18 January 2016).

⁴⁸ *PHPJ*, 16.

*community education and social change and report investigating body, which is really what we wanted.*⁴⁹

A great many of the questions posed to Jacklyn Symes, as Attorney General, during Parliamentary debate were left unanswered. These included questions about the definition of ‘conversion practices,’ the scope and limitations of the Act, which ‘practices’ would (and which would not) be punishable under the new law. Symes chose to respond to all of these with a stock answer that identified three essential elements of any ‘conversion practice.’ The practice needed to be ‘directed at an individual on the basis of the victim’s sexual orientation and the person engaging in the attempt must intend to change or suppress, or induce that person to change or suppress, their sexual orientation or gender identity.’⁵⁰

The tactic served to stonewall opposition sufficiently to get the legislation through Parliament. Foley assured the Parliament that the Bill was the product of

*‘an extensive process of reporting, review, consultation and debate over a number of years [that] should give this house every confidence that the issues have been thoroughly canvassed and considered. Last-minute calls for a pause should be seen as an attempt to delay and to repropose arguments—however deeply held—that have been addressed, considered and in many cases, under a proper reading of this bill, addressed.’*⁵¹

In reality, those responsible for developing the legislation cannot be distinguished from the small number of LGBTIQ+ activists who agitated for the law, produced one-sided research in support of that law, and framed the community consultation process to ensure particular perspectives were privileged while others were excluded.⁵² From beginning to end, the processes that would normally

⁴⁹ [‘Conversion Practices Survival with \[REDACTED\]’](#) Well, Well, Well, Joy FM, 22 April 2024. [REDACTED] went on to assist Timothy Jones (a co-author of *Preventing Harm, Promoting Justice*, with the *Improving Spiritual Health* project, run by the Australian Research Centre for Sex Health and Society at La Trobe University. We note that report is footnoted in the Consultation Paper.

⁵⁰ Jaclyn Symes, Second reading, Change or Suppression (Conversion) Practices Prohibition Bill 2020, Legislative Council Hansard, 59th Parliament of Victoria, 4 February 2021, 278–79, 280, 282, etc. [REDACTED] has spoken admirably of Symes’ performance on this occasion: ‘I still remember during the debate in Victorian Parliament ... Jaclyn Symes the absolutely incredible Attorney General, who was brand new to that post in Victoria and stood there for hours while people threw ridiculous questions at her: “What about this?,” “Will this be banned?,” “Is that banned?,” “Will parents go to jail for this?,” “Are you not allowed to pray with someone if they ask a question about their sexuality?” and she just repeatedly said, “If it’s a practice that has the intention of change or suppression, blah, blah”. Over and over again, for hours.’ ([‘Conversion Practices Survival with \[REDACTED\]’](#) 2024).

⁵¹ Martin Foley, Legislative Assembly, 10th December 2020, 4049.

⁵² The community consultation process conducted through the ‘Engage Victoria’ website did not invite responses to questions such as whether ‘conversion and suppression practices’ were (a) occurring and (b) harmful. Instead, it focused instead on which of the ‘legislative options to implement a ban on conversion practices’ was favoured by the community. The report presenting the results of this process acknowledged that the opinions garnered were treated asymmetrically. ‘The perspectives of survivors ... have been elevated in this report to give voice to their lived experience, and to reflect the first recommendation of the Social Orientation and Gender Identity Change Efforts Statement (SOGICE Statement) that ‘survivors must be equal partners defining the movement.’ ([2019 Consultation Outcomes Report - Legislative options to implement a ban on conversion practices](#), Victorian Government, 7. Accessed 16/06/24). Those who submitted free-form

allow legislation to be scrutinised and critiqued by the Victorian community more broadly were tightly controlled to exclude information that might challenge the narratives favoured by a small number of committed ideologues.

Calls for extra time for broader community consultation were denied. So too were suggested amendments to provide protections to parents, medical professionals, teachers and religious communities. Hennesey assured the Victorian Parliament that:

‘an independent review [was] to be undertaken of the operation and effectiveness of the Bill, to commence at the end of two years from the commencement of the Bill. This is a safeguard and provides an opportunity to consider issues relating to the limitation of religious and cultural freedoms.’⁵³

It is therefore important to note that the TOR for the current Review (which has been somewhat delayed) explicitly preclude any revisitation of fundamental – but still unanswered – questions. The TOR states: ‘The purposes of the Act and the desirability of having criminal offenses and a civil response scheme are not part of the review.’⁵⁴

The problem for those seeking to contribute to this review is that what ‘the purposes of the Act’ were (or are) still a grey area. For example, was it the ‘purpose of the Act’ to prevent churches teaching on issues related to sexuality and gender? The government Fact Sheet⁵⁵ and certain assurances delivered

opposing comments to this portal, found that their comments were excluded from the final report. (Dr Cumming, Legislative Council Hansard, Parliament of Victoria, 4 February 2021, 265).

⁵³ Jill Hennesey, ‘Change or Suppression (Conversion) Practices Prohibition Bill 2020’, Legislative Assembly, Parliament of Victoria, 26 November 2020, 3719.

⁵⁴ Terms of Reference, Consultation Paper, 4.

⁵⁵ The Victorian Government’s Fact Sheet answered a number of FAQs, informing the public, for example, that:

- ‘prayer’ would not be prohibited by the new law ... only prayer ‘directly used to change or suppress sexual orientation of gender identity.’⁵⁵
- expressing views or opinions for or against particular orientations and gender identities would not be prohibited. However, according to s. 64 of the Bill, ‘repeatedly denigrating’ the sexual orientation or gender identity of a family member would qualify as ‘emotional or psychological abuse,’ under the amended *Family Violence Protection Act (2008)*.
- ‘choosing to remain celibate before marriage’ would not be prohibited. Why such a statement would need to be made is unclear, unless to distract from the material concern that the new law would interfere with religious teaching on sexuality. ‘Discussions with a religious leader about understanding or exploring sexual orientation or gender identity’ was not to be prohibited, nor ‘discussing and sharing religious teachings on sexuality.’ However, according to the *Explanatory Memorandum*, the definition of conversion practices was ‘intended to capture a broad range of conduct, including, informal practices, such as conversations with a community leader that encourage change or suppression of sexual orientation or gender identity, and more formal practices, such as behaviour change programs and residential camps.’ Running ‘a support group designed to help people not act on their same-sex attraction’ qualified as ‘suppression’ and was therefore prohibited.
- the ‘proposed law does not make any changes to health laws about the rights of parents in relation to children questioning their gender identity.’ On the other hand, the proposed legislation threatened Victorian clinicians working outside the affirmation model with prosecution. Parents taking their children outside Victoria to consult a clinician that could work outside this model might be penalised under s. 12 of the Bill. As described below, the VEOHRC website would later inform the public that parents rejecting professional advice to medically transition a gender dysphoric child would be committing an offence. ([Fact Sheet – Change or Suppression \(Conversion\) Practices Prohibition Bill 2020](#), Victorian Government. Accessed 16/06/24).

in the course of Parliamentary debate would indicate that the answer is, ‘No, the purpose of the Act is only to limit religious practice in ways deemed by the government to be reasonable and proportionate.’ On the other hand, the Parliamentary speeches about the purposes of the Bill also contained statements that are difficult to reconcile with these reassurances. The network of activists who ‘inspired and shaped’ the Bill – some of whom were subsequently given responsibility for interpreting its provisions and explaining how it would apply in practice – would indicate the answer is, ‘Yes, absolutely.’

Arguably, there are problems with both positions. For the practical purposes of answering the questions posed by this Review, however, it is necessary to have one or other firmly in view. If the ACL makes submissions pointing out that outlawing mainstream religious teaching violates fundamental human rights that are necessary to a functioning liberal democracy, will those submissions be excluded because they stray into territory demarcated ‘not part of the review’? If ‘the purposes of the review’ are to ensure that ‘the Act is achieving its objectives’ and those ‘objectives’ include silencing the Church, why would Christians submit to this review at all? How can it be in the interests of Christians to help the government stifle religious teaching more effectively?

In short, it is not clear, from the framing of the TOR, that this Review is positioned to give equal weight to the two equally important questions to be investigated which are: 1) does the law go far enough? and 2) does it go too far?

In one view, the Act serves an explicitly ideological function. It declares the truth claims of queer theory to be true and heteronormative beliefs to be ‘deceptive and harmful.’⁵⁶ The logical outworking of these declarations is not consistent with the assurances in the ‘Fact Sheet’ published by Victorian government at the time, or with Folley’s assurance that ‘[m]ainstream faith communities have nothing to fear from this bill.’⁵⁷ It is an element of the common law principle of legality that if a fundamental human right is to be encroached upon by legislation, this can only be achieved by clear statutory language to that effect.²⁰ If the government intended to denounce as harmful the heteronormative beliefs of many Victorians, this would need to have been stated clearly in language everyone can understand. Since the government did not announce the purpose of the Act was to prohibit Church teaching on sexuality and gender or to denounce as harmful mainstream heteronormative beliefs – and since human rights arguments to demonstrate the necessity of such measures were never made – this submission will treat those outcomes as ‘an unintended consequence of the Act.’

According to the Terms of Reference (TOR) one of the three objectives of the Act – against which ‘effectiveness’ is to be measured, is whether it functions to ‘further promote and protect the rights set out in the *Charter of Human Rights and Responsibilities Act 2006 (Vic)*.’⁵⁸ According to s. 5 of the Charter: ‘A right or freedom not included in this Charter that arises or is recognised under any other law (including international law, the common law, the Constitution of the Commonwealth and the law of the Commonwealth) must not be taken to be abrogated or limited only because the right or freedom is not included in this Charter or is only partly included.’⁵⁹ All of this fortifies the hope that submissions

⁵⁶ Section 3(2), Change or Suppression (Conversion) Practices Prohibition Act 2021 (Vic).

⁵⁷ Martin Folley, Legislative Assembly, 10th December 2020, 4049.

⁵⁸ Consultation Paper 9.

⁵⁹ Section 5, *Charter of Human Rights and Responsibilities Act 2006 (Vic)*.

pointing out where the legislation has gone too far will not be considered a comment on 'the purposes of the Act' and excluded for that reason.

If it was not 'a purpose of the Act' to: extinguish freedom of religion; remove safeguards for children; intrude into private conversations between parents and their children, pastors and their congregants, or counsellors and their patients, then these submissions ought to be accepted as falling within the scope of this Review.