ASSESSING EARLY IMPACT

EQUALITY AUSTRALIA'S SUBMISSION TO VICTORIAN LAW REFORM COMMISSION'S FOCUSED REVIEW: *HOW THE CHANGE OR SUPPRESSION PRACTICES BAN IS WORKING*

24 March 2026

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INTRODUCTION

Equality Australia welcomes the opportunity to contribute to the Victorian Law Reform Commission's (**VLRC**) Focused Review of How the Change or Suppression Practices Ban is Working (**Review**). Our submission responds to the questions set out in the consultation paper for this Review (**Consultation Paper**).[1]

Equality Australia is a national organisation dedicated to achieving legal and social equality for LGBTIQ+[2] people. Ending damaging conversion practices in Australia is one of our key policy goals.

The *Change or Suppression (Conversion) Practices Prohibition Act 2021* (**the Act**) is designed to protect lesbian, gay bisexual or transgender people from practices that aim to change or suppress who they are. Victoria has one of the strongest frameworks in Australia — and globally — for protecting LGBTIQA+ people from conversion practices. The Act is in its early years of operation. The focus now should be on ensuring it operates as intended, with practical, accessible pathways that deliver real justice for victim-survivors.

Q1: PREVENTING CHANGE OR SUPPRESSION PRACTICES

From the outset, it is important to address a potential criticism of the Act that only a small number of reports (16) have been made, and that no prosecutions have proceeded in Victoria since the law commenced. However, this should not be interpreted as indicating that conversion practices are not an issue in Victoria, or that the scheme is not working as it should. There is an inevitable lag between commencement of laws and victim-survivors coming forward, bearing in mind that these laws only commenced 4 years ago – and some may be only children or adolescents now.

It is difficult to determine the extent to which the Act has reduced or stopped change or suppression practices based on currently available data. Assessing the impact of the legislation would likely require targeted investigation into whether programs or organised practices persist in Victoria, the communities in which they operate and the ways in which these practices have evolved over time. Gaining the level of access needed to reach people currently experiencing conversion practices would make this a very challenging endeavour – individuals are often under intense coercive or manipulative influence and are unlikely to engage with researchers, the Victorian Equal Opportunity and Human Rights Commission (**VEOHRC**) or police.

However, previous research has demonstrated that such practices were widespread prior to the introduction of legislative bans. For example, *Preventing Harm, Promoting Justice* (2018), a report by La Trobe University and the Human Rights Law Centre, found that conversion practices were pervasive within some faith communities in Australia.[3]

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[1] Victorian Law Reform Commission, *Focused Review of How the Change or Suppression Practices Ban is Working* (Consultation Paper, February 2026) https://www.lawreform.vic.gov.au/project/change-or-suppression-practices-ban/ (**Consultation Paper**).

[2] For the purposes of this submission, we use the term LGBTQA+ to acknowledge that conversion practices primarily target sexual orientation and gender identity, and that intersex communities experience distinct and different harms that fall outside the scope of this review.

[3] Timothy W. Jones, Anna Brown, Lee Carnie, et al, 'Preventing Harm, Promoting Justice: Responding to LGBT conversion therapy in Australia' (Human Rights Law Centre and Gay and Lesbian Health Victoria, Australian Research Centre in Sex, Health and Society, La Trobe University, 2018) 11 https://www.hrlc.org.au/reports/preventing-harm/.

More recent research suggests that messages supporting conversion practices remain prevalent. A 2024 community report by La Trobe University drawing on a series of studies into conversion practices surveyed 1,311 LGBTQA+ people. While the data was not disaggregated by state or territory, the findings provide insight into the ongoing prevalence of these practices and messages across Australia.

The survey found that:

- 63% of respondents reported hearing messages promoting conversion practices often or frequently.
- 8% reported experiencing at least one type of formal conversion practice often or frequently.
- 45% reported experiencing a form of informal conversion practice often or frequently.[4]

The researchers concluded that messages promoting conversion practices were "not a thing of the past", and that younger people were more likely than older respondents to report hearing these messages in childhood and adolescence.[5]

The most common conversion messages received included that sexuality or gender identity goes against the natural order (82%), and that being LGBTQA+ means a person is sinning or living a sinful life.[6] The research also identified that asexual people reported unique experiences of pressure to express their sexuality or explain their identity.[7]

Most experiences of conversion practices occurred in informal contexts. Nearly half of respondents reported experiences within the family, such as family members encouraging or advising the person to change (48%).[8] Other common contexts included private prayer (37%) and pastoral care (25%).[9] A smaller proportion reported experiences in healthcare settings (10%) or in formal group settings such as organised support groups (6%).[10]

This research suggests that while formalised conversion programs (e.g. traditional support groups or camps to address 'unwanted same-sex attraction') may have become less visible, messages and informal practices aimed at changing or suppressing sexual orientation or gender identity continue at concerning rates of prevalence.

Beyond its legal effect, the Act has a powerful symbolic role and operates as a deterrent, signalling clearly that conversion practices are unacceptable and will not be tolerated in Victoria. Conversion practices cause lasting harm and find no support among any mainstream medical or psychological professional community.[11] Among the harms experienced by victim-survivors are acute distress, ongoing mental health

[4] Timothy W. Jones, Jennifer Power and Tiffany Jones, 'Improving Spiritual Health Care for LGBTQA+ Australia: Beyond Conversion Practices, A Community Report' (La Trobe University, 2024) 5 https://doi.org/10.17605/OSF.IO/7439R.
[5] Ibid 14.
[6] Ibid 15.
[7] Ibid 18.
[8] Ibid 17.
[9] Ibid.
[10] Ibid.
[11] See Australian Medical Association, *AMA Position Statement – LGBTQIASB+ Health* (2023) 2, 7, 10 https://www.ama.com.au/articles/lgbtqiasb-health-position-statement; Australian Psychological Society, *Use of psychological practices that attempt to change or suppress a person's sexual orientation or gender: Position statement* (2021) https://psychology.org.au/about-us/position-statements/psychological-practices-conversion-practices; Psychotherapy & Counselling Federation of Australia, *Position Statement on Therapeutic Support for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People and their Families* (2018) https://pacfa.org.au/common/Uploaded%20files/PCFA/Documents/Documents%20and%20Forms/Position-Statement-on-therapeutic-

issues (such as severe anxiety and depression), and symptoms of complex, chronic trauma and post-traumatic stress disorder.[12] Considering the gravity of the harms, there remains a clear public purpose in maintaining legislation banning such practices, even in the absence of complaints.

Q2: COMMUNITY UNDERSTANDING

Awareness of the Act, what practices are, and how they cause harm is likely uneven across the Victorian community. Within LGBTQA+ communities and among organisations working in this space, awareness of the legislation is relatively high, particularly given the extensive advocacy that preceded the introduction of these laws.

Data from our national pre-election survey of LGBTIQ+ voters in 2025 indicates that community members are not only aware of conversion practices, but regard ending them as a key policy priority. In the survey of 5,346 LGBTIQ+ respondents, LGBTIQ+ policy issues were ranked as the most important issues influencing voting intentions, and ending conversion practices was identified as the top LGBTIQ+ policy reform priority ahead of the 2025 federal election.[13]

However, awareness among the broader community remains low. In our experience, non-LGBTIQ+ allies are often surprised to learn that conversion practices have occurred in Australia and continue today. While there is a growing body of academic research documenting the significant harm caused by these practices, general understanding of that harm remains limited.

There is also an uneven level of awareness across the community. Many people have a clearer, more established understanding of so-called 'gay conversion practices', which are more commonly associated with faith-based attempts to change a person's sexual orientation. By contrast, there is far less recognition of how conversion practices occur in relation to trans and gender diverse people. These practices are often more subtle, can be framed as 'exploratory' or 'cautious' care, and may occur in healthcare, educational or family contexts.

Research[14] in Australia and internationally has consistently found that conversion practices are associated with serious negative outcomes, including psychological distress, shame, internalised stigma, and increased risk of mental health challenges. The harms are particularly significant when practices occur

support-for-LGBTIQ-people.pdf; Royal Australian & New Zealand College of Psychiatrists, Position Statement: Sexual Orientation Change Efforts (Position Statement No 60, March 2019) https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/sexual-orientation-change-efforts.

[12] Victorian Health Complaints Commissioner, *Report on the Inquiry into Conversion Therapy – Executive Summary* (1 February 2019) 2 https://www.health.vic.gov.au/publications/report-on-the-inquiry-into-conversion-therapy-executive-summary; Timothy W. Jones, Tiffany M. Jones and Jennifer Power et al, *Healing Spiritual Harms: Supporting recovery from LGBTQA+ change and suppression practices* (Report, Australian GLBTIQ+ Multicultural Council, Brave Network, Australian Research Centre in Sex, Health and Society: La Trobe University, Macquarie University and Victorian Government 2021) 19-25.

[13] Equality Australia, *Rainbow Votes Report: 2025 LGBTIQ+ Federal Election Survey Report* (2025) 18-19 https://equalityaustralia.org.au/our-work/rainbow-votes/.

[14] Timothy W. Jones, Tiffany M. Jones and Jennifer Power et al, Healing Spiritual Harms: Supporting recovery from LGBTQA+ change and suppression practices (Report, Australian GLBTIQ+ Multicultural Council, Brave Network, Australian Research Centre in Sex, Health and Society: La Trobe University, Macquarie University and Victorian Government 2021) 19-25 https://doi.org/10.26181/616674e751dce; Tural Mammadli et al, 'Understanding Harms Associated with Gender Identity Conversion Efforts among Transgender and Nonbinary Individuals: The Role of Preexisting Mental Well-Being' (2025) *International Journal of Transgender Health*; John Campbell and James Rodgers, 'Conversion Therapy, Suicidality, and Running Away: An Analysis of the Effects of Sexual Orientation Change Efforts on Youth' (2023) *Journal of Health Economics* 87, 102734; Tania Wright, Bridget Candy and Michael King, 'Conversion Therapies and Access to Transition-Related Healthcare in Transgender People: A Systematic Review' (2018) 8(12) BMJ Open e022425 Jordan K Gibb et al, 'Association Between Conversion Therapy Exposure and Cardiovascular Disease Risk Factors' (2025) *JAMA Network Open*.

during childhood or adolescence, when individuals may be more vulnerable to pressure from family, religious leaders, or other authority figures. Conversion practices also infringe on basic human rights, including the right to be free from inhuman or degrading treatment, and in the most extreme instances could be considered torture.[15]

Despite this evidence, some faith groups and medical practitioners continue to frame these practices as supportive, clinically sound, or valid faith-based guidance for adherents of some faiths. This framing can obscure the harms experienced by LGBTQA+ people and may contribute to ongoing acceptance of practices that seek to change or suppress sexual orientation or gender identity.

Q3: IMPROVEMENTS TO THE LAW

In our view, the Act is currently meeting its objectives of working to eliminate change and suppression practices in Victoria, promoting human rights, and contributing to feelings of welcomeness and value for our communities. However, the scheme could be strengthened in the following ways:

- **Introduce a civil cause of action** to allow victim-survivors to seek an enforceable outcome including compensation for harm experienced, ensuring meaningful accountability beyond voluntary resolution through the facilitation process.
- **Clarify the scope of 'sexual orientation'** to explicitly include asexual people, ensuring that all sexual orientations are clearly protected.
- **Narrow and clarify the health services exclusion** to require that practices are both necessary and compliant with both legal and professional obligations, preventing misuse under the guise of clinical care.
- **Enhance VEOHRC transparency and reporting powers** by ensuring victim-survivors can receive updates and outcomes about their matters, and more clearly allowing for public reporting on investigations and their outcomes.
- **Introduce protections against victimisation** for people who make reports to safeguard them from reprisals.
- **Strengthen redress mechanisms** to better meet the needs of victim-survivors, including access to specific compensation or support programs.

We explore the above topics in response to questions 4 to 13 below.

Q4: DEFINITIONS

We do not consider any changes are necessary to the meaning of change or suppression practices, aside from clarifying the scope as including asexual people.

DEFINITION OF SEXUAL ORIENTATION NEEDS TO EXPLICITLY INCLUDE ASEXUAL PEOPLE

It has been documented that asexual people have been subjected to conversion practices in the past. We note the use of language inclusive of asexual people in the Consultation Paper.[16] However, it is currently unclear whether the definition of 'sexual orientation', which takes the same meaning as the term in the

[15] Ilias Trispiotis and Craig Purshouse, 'Conversion Therapy as Degrading Treatment' (2021) 41(1) *Oxford Journal of Legal Studies* 104; United Nations Human Rights Council, *Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*, UN Doc A/HRC/44/53 (15 June 2020).

[16] Consultation Paper, 8.

Equal Opportunity Act 2010 (**EO Act**), encompasses asexuality, and it could leave a matter open to legal challenge if the VEOHRC decides to take action on a report regarding suppression or changes practices in relation to asexual people.

In the EO Act, 'sexual orientation' is defined as 'a person's emotional, affectional and sexual attraction to, or intimate or sexual relations with, persons of a different gender or the same gender or more than one gender'.[17] The Queensland Human Rights Commission's Review of Queensland's *Anti-Discrimination Act 1991* (Qld) in 2022, recommended changes to ensure that asexuality is clearly covered.[18]

This suggestion was adopted by the then Queensland Government in its *Respect at Work and Other Matters Amendment Act 2024* (Qld), which sought to amend the *Anti-Discrimination Act 1991* (Qld), including by defining 'sexual orientation' to mean (emphasis added):

> *a person's capacity or lack of capacity, for emotional affectional and sexual attraction to, or intimate or sexual relations with, persons of a different gender or the same gender or more than one gender.*

Unfortunately, the current Queensland Government has indefinitely delayed commencement of these reforms, despite them having already passed into law.[19]

Q5: HEALTH CARE EXCLUSION

We acknowledge that an exclusion for health service providers is necessary to not interfere unreasonably with clinical judgement but consider it could be further narrowed to align with the more recent drafting in the *Conversion Practices Ban Act 2024* (NSW) (**NSW Act**) s 3(a) to create stronger safeguards against misuse.

We suggest tightening the exclusion by requiring that the conduct be *both* necessary to provide a health service *and* compliant with relevant legal and professional obligations. This would ensure that health service providers can continue to exercise their clinical judgement to help LGBTQA+ people explore their identity safely and effectively, as long as that treatment is done in compliance with all relevant requirements for the profession. It would also help address situations where practitioners may subjectively believe they are acting in a person's best interests but are clearly operating outside established professional requirements.

Recommendation:
Narrow the health service provider exclusion by requiring that any exempt conduct is both necessary to provide a health service and compliant with applicable legal, ethical, and professional standards, consistent with s 3(a) of the *Conversion Practices Ban Act 2024* (NSW).

[17] *Change or Suppression (Conversion) Practices Prohibition Act 2021* (Vic) (**CSCPA**) s 4 (definition of 'sexual orientation'); *Equal Opportunity Act 2010* (Vic) s 4(1) (definition of 'sexual orientation').
[18] Queensland Human Rights Commission, *Building Belonging: Review of Queensland's Anti-Discrimination Act 1991* (July 2022) 285 https://www.qhrc.qld.gov.au/our-work/major-reviews2/review-of-queenslands-anti-discrimination-act.
[19] *Crime and Corruption (Restoring Reporting Powers) and Other Legislation Amendment Act 2025* (Qld) s 53.

Q6: EXPRESSIONS OF FAITH

The practices captured by the definition of change or suppression practice include 'carrying out a religious practice, including but not limited to, a prayer-based practice, a deliverance practice or an exorcism'.[20]

The Consultation Paper notes the following examples of religious practices that would and that would not constitute a change or suppression practice from the Attorney-General's speech when introducing the Act to Parliament:

Change or suppression practice	Not a change or suppression practice
A person going to a religious leader seeking advice on their feelings of same-sex attraction, and the religious leader telling them they are broken and should live a celibate life for the purpose of changing or suppressing their same-sex attraction.[21]	A person goes to a religious leader seeking advice on their feelings of same-sex attraction, and the religious leader only informs this person that they consider such feelings to be contrary to the teachings of their faith, and does so only to convey their interpretation of those teachings and not to change or suppress the person's sexual orientation or gender identity.[22]

Other jurisdictions have explicitly set out examples of religious practices, within the relevant legislation, which do not constitute the equivalent of a change or suppression practice. Prescribed examples include '[g]enuinely 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'.[23]

New South Wales law sets out that the following expressions (when not part of a practice, treatment or sustained effort, directed to changing or suppressing an individual's sexual orientation or gender identity) fall outside the scheme:

- an expression, including in prayer, of a belief or principle, including a religious belief or principle.[24]
- an expression that a belief or principle ought to be followed or applied.[25]
- Stating what relevant religious teachings are or what a religion says about a specific topic.[26]
- General requirements in relation to religious orders or membership or leadership of a religious community.[27]

We do not consider it necessary to include additional examples or carve outs in the legislation. It is not apparent that the existing provisions have been applied inappropriately or excessively since the Act commenced. In the absence of evidence that enforcement bodies, such as the VEOHRC or police, are misinterpreting or misapplying the law, further legislative codification may not be warranted.

[20] CSCPA s 5(3)(b).
[21] Victoria, *Parliamentary Debates*, Legislative Assembly, 26 November 2020, 3723 (Jill Hennessy, Attorney-General).
[22] Ibid.
[23] *Conversion Practices Ban Act 2024* (NSW) s 3(3)(b); *Conversion Practices Prohibition Act 2024* (SA) s 4(3)(b).
[24] *Conversion Practices Ban Act 2024* (NSW) s 3(3)(c)(i); *Conversion Practices Prohibition Act 2024* (SA) s 4(3)(c)(i).
[25] *Conversion Practices Ban Act 2024* (NSW) s 3(3)(c)(ii); *Conversion Practices Prohibition Act 2024* (SA) s 4(3)(c)(ii).
[26] *Conversion Practices Ban Act 2024* (NSW) s 3(4)(a); *Conversion Practices Prohibition Act 2024* (SA) s 4(4)(a).
[27] *Conversion Practices Ban Act 2024* (NSW) s 3(4)(b); *Conversion Practices Prohibition Act 2024* (SA) s 4(4)(b).

In our view, unless a clear implementation problem emerges, the current legislative framework appears sufficient. Providing further information through fact sheets, where necessary, is a much more practical alternative to legislative reform.

Q7: AWARENESS AND EDUCATIONAL MATERIALS

The VEOHRC has extensive information on its website about the Act, providing real life examples, an explainer video, information on reporting and referrals to support services and other resources. There is also detailed practical information for duty holders including legal responsibilities, how to support people in pastoral care and prayer settings, and how to approach a situation of a person approaching a faith leader seeking help to change or suppress their identity. A guide produced by the VEOHRC with input from the Baptist Union of Victoria provides practical guidance to faith leaders and will be of relevance to those of other faiths too. In our view, this is a thoughtful and comprehensive information package for both victim-survivors and duty holders.

One way to strengthen understanding for duty holders would be to allow for the Commission to develop practice guidelines – we think this would need to be accompanied by a positive duty and discuss this in more depth in response to question 9 below.

Q8: BARRIERS TO THE CIVIL SCHEME

(a) Reporting change or suppression practices of VEOHRC

While improvements to the reporting scheme may increase the number of reports, our view is that the scheme primarily serves an educative and preventative function. It is unsurprising that complaints have been limited, because there are many and varied barriers to making complaints that cannot be completely addressed through changes to the legislative scheme.

Firstly, many people who have experienced conversion practices may take years or even decades to process what happened to them, particularly those exiting religious settings or indoctrination. The law is not retrospective, so incidents occurring before 2022 fall outside the VEOHRC's jurisdiction.

Secondly, complaints to human rights bodies are generally low relative to the scale of the issue — this is also true for matters of discrimination, sexual harassment, and vilification. Barriers include difficulty accessing appropriate and affordable advice, fear of reprisal or re-traumatisation, and the fact that survivors often have other priorities beyond making a complaint.

(b) VEOHRC facilitating outcomes of reports

In contrast to discrimination and other complaints under the EO Act, a person affected by conversion practices cannot initiate proceedings in Victorian Civil and Administrative Tribunal (**VCAT**), nor can the matter proceed to VCAT following the VEOHRC process if the facilitation process does not resolve the matter. This significantly limits the enforceability of rights and may discourage victim-survivors from engaging with the civil response scheme. More entrenched disputes are unlikely to result in any meaningful outcome, and requiring a victim-survivor to attempt resolution directly with someone they perceive as having harmed them, without any avenue for a third-party determination, is both unappealing and unrealistic.

The lack of any consequence if a matter is not resolved may reduce the incentive for respondents to reports to engage constructively in the facilitation process. By contrast, in discrimination matters the VEOHRC dispute resolution service can encourage settlement during conciliation on the basis that early resolution may prevent the matter progressing to a hearing before VCAT. The prospect of resolving a matter at an early stage can itself operate as a practical incentive for respondents to engage in good faith.

Similar barriers have been identified in Queensland with the *Human Rights Act 2019* (Qld) complaint scheme that does not allow for complaints to be referred to a court or tribunal should the matter not resolve. The lack of a legal consequence has been found to make the system of conciliation ineffective, particularly in the case where there are significant power disparities between the parties, causing a review of that Act to recommend that there is an option of referral to Queensland Civil and Administrative Tribunal for unresolved complaints.[28]

We respond further in relation to the civil cause of action under question 13 below.

(c) VEOHRC conducting investigations

The VEOHRC is likely to be best placed to respond to this question. One reason may be the low numbers of complaints, and whether the matters raised with the VEOHRC in the years since commencement have been suitable for an investigatory process. Not all people lodging reports will be seeking an investigation process – some may have a preference for education or for compensation, or may be better referred to another agency more suitable to assist.

SECRECY PROVISIONS

As noted in the Consultation Paper, there is a concern with ss 50 and 51 of the Act, which mean that the VEOHRC cannot disclose 'protected information' except in certain circumstances (e.g., for carrying out the Act, preventing imminent harm, mandatory reporting, court proceedings, de-identified/public information, or with consent). These provisions are creating a deterrent for reports and are operating in a way that is restrictive on *Charter of Human Rights and Responsibilities Act 2006* (**Charter**) rights, contrary to natural justice and trauma-informed practice.

At present, the current Act means that the VEOHRC may be barred from telling reporters about the decision to initiate education or investigation, or about the status and outcome of their matter if it proceeds to investigation, unless the reported party consents. We understand that this creates a significant deterrent to reporting and also discourages people from requesting that the VEOHRC handle the matter through a formal investigation rather than through facilitation.

We recognise that privacy and confidentiality concerns may arise when third parties report conduct on behalf of someone else. A third party could be, for instance, a teacher in a school who is blowing the whistle on practices in their workplace. In such cases, it is entirely reasonable to withhold sensitive private information unless the person(s) directly affected have consented that the reporter can receive it. However, where the person reporting is the same individual who directly experienced a change or suppression practice, it is contrary to the purpose of the Act to deny them information about their own matter.

[28] Susan Harris Rimmer, *Placing People at the Heart of Policy: First Independent Review of the Human Rights Act 2019 (Qld)* (Final Report, 30 September 2024) 82-85.

On one view, 'necessary for the purposes of, or in connection with, VEOHRC's functions under the Act' in s 51 could incorporates certain actions such as advising parties of the report, providing progress updates, and advising on outcomes. These are arguably actions that are *necessary* for the effective handling of a reporting and investigation process, and this is an interpretation most incompatible with the Charter right to free expression (including the right to receive information).[29] However, 'necessary' is a high bar that may restrict VEOHRC from taking these actions consistently – and it is a complex and heavy burden to assess on a case-by-case basis. Further, the VEOHRC and its staff are subject to significant risk and penalties (60 penalty units maximum) if they release information outside of the exceptions.

Recommendation:

Amend the Act to clarify that the VEOHRC may disclose information required to ensure that people affected by conversion practices, their agents, or representative bodies (where relevant) can receive relevant and up to date information about the progress and outcome of an investigation or education intervention, in accordance with natural justice principles.

Ensure all third party reporters receive reasonable information about how their report is being handled, while maintaining privacy, safety and the integrity of investigations.

Q9: IMPROVING VEOHRC FUNCTIONS AND EFFECTIVENESS

REPORTS TO THE VEOHRC

The civil response process should be improved to ensure it delivers a meaningful outcome for people affected by conversion practices and their supporters, making it worthwhile for them to come forward. To date, there have been only 16 reports, and one factor may be the current limitations of the process.

Under s 24, a person (and not necessarily the person subjected to the conduct) may make a report to the VEOHRC. The options for response under s 28 include targeted education, facilitation of an outcome, referrals, or declining to deal with the matter.

In response to reports made by persons affected by a change or suppression practices, the VEOHRC may hold a facilitation conference and reach an agreement to resolve the matter through that process (ss 28, 32), which is then registered with VCAT (s 33).

Alternatively, the VEOHRC may investigate the matter (provided it raises a serious issue, indicates a contravention relating to a class of persons) under Div. 3, with potential outcomes including an agreement to comply in future, an enforceable undertaking, or a compliance notice.

REPRESENTATIVE BODY COMPLAINTS

The legislation should also clarify that support, advocacy groups or other representative bodies can bring complaints on behalf of their members. Sections 10 and 11 of the NSW Act set out clear processes for ensuring a body bringing the complaint has consent and acts in the best interests of the affected person/s. This would also align the reporting scheme better with the EO Act complaints process,[30] which allows a representative body with sufficient interest in the complaint to take the role of complainant.

[29] *Charter of Human Rights and Responsibilities Act 2006* (Vic) ss 15(2), 32.

[30] *Equal Opportunity Act 2010* (Vic) s 114.

The model we recommend draws from Queensland law, which allows a 'relevant entity' to bring a complaint about vilification as long as it is brought in 'good faith', the allegation is about conduct that has affected or is likely to affect a group of people whose interests and welfare in a primary purpose of the organisation to promote, and it is in the interests of justice to accept the complaint.[31] Case law has shown relevant entity complaints to be a particularly effective way of protecting communities from harm without requiring individuals to come forward when it's more of a systemic issue affecting a wider group.[32] By contrast, rigid consent requirements risk undermining the practical ability of representative bodies to act. In the context of conversion practices, it may be unrealistic or unsafe to expect victim-survivors who are currently experiencing harm to provide consent, thereby limiting access to justice for affected communities.

Recommendations:
The Act should be amended to allow for representative bodies with sufficient interest in a matter to make a report to the VEOHRC, participate in facilitation, and where unresolved, proceed to VCAT.

REPORTS ON INVESTIGATIONS

Under the legislation, there seems to be no option to write and publicly report on an investigation for the purpose of educating the public on the scope and effect of the legislative scheme. Reports on investigations, even where wholly or partly de-identified, would provide much better insight into the success of the scheme, and provide more guidance to potential future respondents.

To ensure that the VEOHRC can publish information on investigations, it would be beneficial to replicate the equivalent provisions under the *Equality Opportunity Act 2010* (s 142, s 144) which allow the Commission to report on the outcomes of investigations into other kinds of matters. This would increase confidence and transparency in the scheme and provide the VEOHRC with similar powers available to other regulators and complaint bodies. While the Commission has all the powers necessary to enable it to perform its functions (s 17(2)) this general power may provide a sufficiently clear lawful basis for public reporting, and could expose the VEOHRC to litigation in future.

Recommendation:
Adopt provisions similar to ss 142 and 144 of the *Equal Opportunity Act 2010*.

PROTECTIONS FROM VICTIMISATION

There are no equivalent protections against victimisation for people who make complaints under the Act, unlike those available for discrimination complaints under s 104 of the EO Act. This means complainants may be less protected from reprisals by respondents for raising concerns. Such protections are particularly important where individuals may be speaking out about practices occurring within closed religious communities, where there may be significant social or personal consequences for doing so.

Recommendation:

[31] *Anti-Discrimination Act 1991* (Qld) s 124A. Note that the review of discrimination laws recommended extending this provision to other kinds of matters including discrimination. See Recommendation 10.
[32] See for example, Australian Muslim Advocacy Network & Islamic Council of Queensland v Anning [2021] QCAT 452; GLBTI v Wilks [2007] QADT 27.

Create a provision similar to s 104 of the *Equal Opportunity Act 2010* to protect people making reports from victimisation.

ENFORCEABLE POSITIVE DUTY

We support the introduction of a positive duty requiring organisations to take reasonable and proportionate steps to prevent change or suppression practices, as outlined in the Consultation Paper, as long as it is enforceable, reasonable in scope, and properly resourced.

A positive duty shifts the focus toward prevention, rather than placing the full burden of compliance and enforcement on victim-survivors.

For the duty to be meaningful and enforceable, several elements are critical:

- The ability to develop binding or authoritative practice guidelines, particularly tailored to specific contexts of faith-based, educational and healthcare settings, to clarify what compliance requires n practice.
- Adequate resourcing for both duty holders and the VEOHRC to support implementation, education and monitoring.
- Clear powers for the Commission to review compliance, on both a voluntary and compulsory basis.
- The ability for the Commission to report publicly on compliance activities and outcomes, including steps taken by organisations or individuals to meet the duty.

Given that conversion practices may occur in private or familial settings, it would be inappropriate for the positive duty to extend to these contexts. The duty should be clearly confined to institutional and organisational settings, particularly in faith, education, healthcare and counselling environments, where regulatory oversight is both feasible and justified.

Recommendation:
Create an enforceable positive duty to take reasonable and proportionate steps to prevent change or suppression practices, supported by appropriate powers and resourcing for the VEOHRC to issue practice guidelines, educate duty holders, review compliance, and publicly report on the process and outcome.

Q10: REPORTING, INVESTIGATIONS, PROSECUTION BARRIERS

Like potential concerns about low complaint numbers, we do not see the lack of prosecutions as any indication that either conversion practices are thing of the past, or that the Act is ineffective in addressing the issue. The Act has a strong deterrent effect through both its civil and criminal prohibitions, and many laws on the statute books are intended to operate in this way, shaping expected behaviours even where prosecutions are rare or non-existent.

Our responses to Question 8(a) also apply to the criminal pathway. If anything, the barriers are even greater in this context. People who have experienced conversion practices are unlikely to feel equipped to approach police for assistance. In addition to the time often required to process trauma, limited access to affordable specialist advice, and fears of reprisal or re-traumatisation, there is also significant mistrust of policing and the justice system within parts of the LGBTQA+ community.

Q11: CRIMINAL OFFENCES – CHANGES OR SUPPORTS

Victim-survivors have told us that overcriminalisation (or criminal law overreach) may inhibit efforts to prevent harm and drive practices underground. However, they have also been clear that conversion practices cause real and lasting harm, and should not be endorsed by the law, as a person cannot truly consent to practices that take place in the context of deeply reinforced stigma, discrimination, coercion and pressure. In summary, criminalisation has a role to play, but it should not be the main focus of the scheme. Given this, we do not consider that changes to the criminal law to lower the threshold are necessary or warranted.

The Consultation Paper points out that the ACT scheme does not require proof of injury, only that a conversion practice has occurred involving a 'protected person' (a child, or person with impaired decision-making capacity). While we do not directly oppose such a change, we consider that it would make little difference in practice. The likelihood of prosecutions of these matters would remain very low – even more so if the victim is a child or person with impaired decision-making capacity.

Q12: REDRESS

We support the idea of a specific redress scheme for victim-survivors of conversion practices. Because of the limitations of the complaint process under the Act, challenges with proving negligence as a civil claim, and the requirements to prove 'violence' to obtain assistance under the Financial Assistance Scheme, victim-survivors are likely to receive no compensation to address the negative impacts of conversion practices on their lives. Assistance through such a scheme should include access to counselling and/or mental health supports.

Recommendation:
Establish a dedicated redress scheme to provide accessible, trauma-informed remedies for victim-survivors, including financial compensation, counselling, and formal acknowledgment, as an alternative or complement to existing complaint pathways.

Q13: CIVIL CAUSE OF ACTION

Critical changes are required to ensure the Act is both enforceable through a viable civil pathway, and through the availability of awards of compensation. As noted in the Consultation Paper, the Victorian scheme lacks the option of a civil cause of action to ensure that complainants can claim compensation for loss or damage suffered. In contrast, the more recently drafted NSW Act allows for referrals to complaints to NSW Civil and Administrative Tribunal and for awards of damages up to $100,000, as well as other remedies such as orders to refrain from unlawful conduct and apologies.

For some victims, financial redress may be the primary outcome sought, yet this is currently unavailable unless the parties voluntarily resolve the matter through facilitation. In the absence of legal risk, the chances of financial compensation through facilitation are next to none. In our view, this is the most important change that should be made to the Act in Victoria.

A logical approach would be for reports — perhaps renamed as 'complaints' where they are made by victim-survivors — to follow the same pathway as discrimination and sexual harassment matters, allowing complainants to choose either a complaint to VEOHRC or a direct complaint to VCAT.

Recommendation:

Introduce a civil cause of action to enable complainants to seek compensation for loss or damage and other remedies, including by establishing a pathway aligned with discrimination complaints that allows matters to proceed either through the VEOHRC or directly to VCAT.