

## Submission to the Victorian Law Reform Commission

### Focused Review of How the Change or Suppression Practices Ban Is Working

Please note that submissions must be relevant. We only review the matters detailed in the terms of reference. We recommend using the consultation paper and these questions to help guide your submission.

We will publish public submissions on our website, unless they are offensive, defamatory, or outside the scope of the review.

We will not publish the names of individuals who make a submission. We will also redact any information which may indirectly identify individuals.

The consultation paper relates to change or suppression practices, which can cause ongoing trauma and long-term health issues. If you need counselling or help you can get support by contacting the organisations on our [support page](#) or page 3 of the consultation paper.

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#### Do you want your submission to be kept confidential?

(Confidential submissions will not be published on our website or elsewhere)

Yes

No

**Please provide your comments on the questions below. You may answer all or only some of the questions as relevant to you.**

- 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.**

The Act has had the effect of making people most anxious about conducting conversations around issues of sexual orientation or gender identity. There is concern that such conversations could be caught by the wide definition of change and suppression practice.

The Act has hurt many of the people it was meant to help by making those who genuinely want to help reluctant to do so for fear of potentially breaching the Act. A person who is genuinely concerned about their sexuality or gender and who is prepared to accept being told something about sexuality and gender which is not 'affirming' is denied that opportunity of exploring the issues in a full and frank way even if they are a consenting adult.

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**
  - c. **the harm caused by change or suppression practices.**

The prohibitions are not fully appreciated even by the Equal Opportunity Commission who are advising of some uncertainty. The default position of most people is to avoid engaging on issues of sexuality and gender for fear of being found in breach of the Act.

Parents in particular are disempowered in dealing with concerns concerning their children with the requirement that they can only be affirming when the issues are far more complex.

Many health professional seem reluctant to help as the father in the Re Devin case found. Justice Strum noted:

'...the father gave evidence that, in his endeavor 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, until he located Dr R, based in State T, who is willing to do so.'

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

Events have overtaken the Act especially with respect to young children and gender. Since the Act was passed the following has occurred:

1. The Cass Report. Dr Cass concluded in April 2024 that gender medicine was built on "shaky foundations" and "an area of remarkably weak evidence". The reality, she wrote in her report is that there is "no good evidence on the long-term outcomes of [hormonal] interventions to manage gender-related distress". Justice Strum in the Devin case quotes extensively from the Cass findings with approval.

2. WPATH files. US Journalist [REDACTED] was given a copy of internal material of the World Professional Association for Transgender Health (WPATH).

In a press release making available all of the material, his associate journalist [REDACTED] observed:

'In the WPATH Files, members demonstrate a lack of consideration for long-term patient outcomes despite being aware of the debilitating and potentially fatal side effects of cross-sex hormones and other treatments. The files provide clear evidence that doctors and therapists are aware they are offering minors life-changing treatments they cannot fully understand.'

3. The American Society of Plastic Surgeons announced its opposition on 3rd February 2026 to carrying out breast removal and similar surgeries on patients under 19 years of age.

The ASPS issued a statement advising members to delay "gender-related breast/chest, genital, and facial surgery" until the patient is 19 years old. The group reported that, "a substantial proportion of children ... experience resolution or significant reduction of distress by "a substantial proportion of children ... experience resolution or significant reduction of distress by the time they reach adulthood absent medical or surgical intervention.

4. On 5 Feb 2026 a jury in New York awarded a 22-year-old woman \$2 million in damages over her gender transition surgery that took place when she was a teenager.

**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 needs to be amended to take account of the changes since the Act was passed some of which are set out in answer to 3. above.

In respect of gender issues the affirmation only provisions should only apply once a person is 19 or older or at the very least at a time when a child can appreciate the issues. Justice Strum in Devin noted: 'I do not accept that the child, at this age (11) and pre-pubertal stage in life, can properly understand the implications and potential risks of puberty blockers.' He was highly critical of the views of ██████████ of the Children's Hospital about immutability of gender identity. There is now little or no support for that view.

"The risks posed by medical (and surgical) gender affirming treatment include risks to fertility, sexual function, bone health, brain development, cardiovascular function and carcinogenesis, as well as the risks of being a lifelong medical patient and of later regret."

In addition affirmation and support should not be the only acceptable criteria, especially for children, given the potential horrific consequences of making the wrong decision.

Justice Strum noted: "it is well documented in gender clinics across the world that 98 per cent of children and adolescents who commenced puberty blockers progress on to gender affirming hormone therapy with estrogen or testosterone."

On issues of sexuality an adult should have the freedom of seeking advice from all sources. The Act is very paternalistic.

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

In the Devin case one of the medical experts who gave evidence was a Consultant Psychiatrist who described her problems with the Act. "Some make claims that alternative approaches, such as I have described above, are equivalent to non-effective, harmful, unethical, and/or illegal conversion practices. I have attached a letter I sent to the Equal Opportunities and Human Rights Commission ([EOHRC]) asking this question and their response ... My letter described an approach to [gender dysphoria] other than [gender affirming treatment] and, thus, provides one illustration of possible alternative approaches to [gender dysphoric] youth. In addition, it indicates that (within the uncertainties of the current law) the [EOHRC] appeared to think the approach I described would be unlikely to be counted as an illegal conversion practice." It seems even the EOHRC is not sure of the application of the Act: S 5 (2) (a) and 5 (3) could be construed in such a way as to cause concern and need clarification. The would cause less concern to health service providers and others if the affirmation only approach was eschewed.

Other jurisdictions provide more clarity for health service providers such as the NSW Act.

**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 Act undermines a world view about sexuality and gender held by most people of faith. It would considerably help people of faith if restrictions around gender discussions acknowledged the inability for children to appreciate the effects of life changing practices. As Justice Strum said in Devin: 'I am not satisfied on the evidence that, no matter how mature this 11-year-old child (or, indeed, any 11-year-old child) might be, such a child could properly discuss, and understand, the ramifications of treatment with puberty blockers.' It is also unfair that a person over the age of 18, who consents to exploring sexuality, is hampered from doing so other than in a general way. It is unjust that a person of faith has to struggle with concerns about sexuality without help from other people of faith for fear of breaching the Act

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

VEOHRC seems to be largely unaware of the recent developments over issues of gender and young children across the world. Their material needs to acknowledge other ways gender issues can be dealt with. They have tacitly acknowledged Dr O's approach set out in the Devin case. "Dr O proposes another avenue for gender dysphoric/incongruent youth other than gender affirming medical treatment, namely, developmentally informed and holistic psychotherapeutic approaches."

It would be helpful if the acceptability of such an approach this was made clear by VEOHRC.

**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.**

The investigative powers of VEOHRC are at odds with the parental and religious freedoms of Victorians and need to be reviewed

**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.**

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

The Act has meant that most people shy away from helping people with gender or sexuality issues for fear of committing an offence. The offences have no warrant in terms of religious or personal freedom and are an affront to the liberal western democracy that has arisen since the Enlightenment.

**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?**

**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?**

More than necessary. No compelling evidence has been adduced nor is it appropriate to provide for further redress than is already provided by the Act

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

No