



Submission to the Victorian Law Reform Commission on its 'Focused Review of How the Change or Suppression Practices Ban Is Working: Consultation Paper', 24 March 2026

Introduction

Women's Forum Australia is an independent think tank established in 2005 that undertakes research, education, and public policy advocacy about economic, social and health issues affecting women and girls, with a particular focus on addressing behaviours and practices that are harmful and abusive to them.

Women's Forum Australia opposes all coercive conversion therapy practices. Conversion therapy has traditionally been associated with cruel physical and emotional treatments including aversion therapy, shock therapy, lobotomies, castration, and drug treatments inflicted on people to change behaviours and tendencies, including same-sex attraction. These practices are abhorrent and are rightly condemned by international human rights organisations such as the United Nations.

We are gravely concerned, however, that the Change or Suppression (Conversion) Practices Prohibition Act 2021 (Vic) (the Act) as currently drafted and implemented has caused serious harm. Through its overly broad definition of 'change or suppression practices', the Act has produced a significant chilling effect on legitimate clinical care, silenced medical professionals raising evidence-based concerns, and ultimately harmed the very vulnerable people it claims to protect.

The Act proceeds on the false premise that gender identity is an innate and immutable characteristic equivalent to sexual orientation, and that any practice that does not unconditionally affirm a person's stated gender identity constitutes harmful 'conversion'. This premise is not supported by medical evidence. It is directly contradicted by the landmark 2024 Cass Review in the United Kingdom¹, by decisions of health authorities in Sweden, Finland, Norway and the Netherlands² to restrict 'gender-affirming' medical interventions for minors, and by the growing testimony of detransitioners and whistleblower clinicians in Australia and abroad.

¹ UK Government Web Archive,
<<https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>>

²Cohen, J., 2023, 'Increasing Number of European Nations Adopt a More Cautious Approach to Gender-Affirming Care Among Minors', *Forbes*, 6 June,
<<https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/>>

Women's Forum Australia strongly opposes the Act as currently drafted and urges the Victorian Law Reform Commission to recommend significant reform, including the exclusion of gender identity from the definition of change or suppression practices and the introduction of robust protections for medical professionals, parents and counsellors who provide holistic, evidence-based care.

Question 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.

Women's Forum Australia is not aware of evidence that genuinely coercive, physically abusive conversion practices were occurring in Victoria in significant numbers prior to the Act's commencement, or that the Act has meaningfully addressed such practices since. There is little evidence the Act has achieved its stated protective purpose.

What is abundantly clear is the serious unintended harm the Act has caused to legitimate medical care³. The Act has functioned in practice as a tool to suppress clinical debate, silence dissenting medical professionals, and intimidate parents and practitioners who seek holistic, non-affirming approaches to gender dysphoria. One anonymous Victorian psychiatrist, reflecting on a professional forum, described discussion of gender dysphoria as 'uniquely taboo' in the profession: unlike any other area of psychiatry, robust clinical debate has been shut down. This is, as she rightly noted, 'an unhealthy situation' that 'will not deliver good outcomes for people with gender dysphoria and their families.'

The cases of ██████████ and ██████████ are instructive. ██████████, a senior child and adolescent psychiatrist with over two decades of experience at Queensland Children's Hospital, was stood down in 2023 after raising concerns about the affirmation-only approach being applied to gender-confused children⁴ - many of whom presented with co-morbid mental health conditions, childhood trauma, and complex psycho-social issues. She stated: 'We are not being allowed any professional discretion. It is incredibly distressing to be forced into harming other people's children.'⁵ She noted that the vast majority of child and adolescent psychiatrists privately share serious concerns about the affirmation model, but fear speaking up because doing so puts their employment and registration at risk. She has since been vindicated by Queensland's decision to pause puberty blockers for minors, after an investigation found 42 patients aged 12 to 18 at a single clinic had received care not adhering to best practice guidelines.⁶

More recently, ██████████, academic psychiatrist at James Cook University and Chair of the Queensland Section of Rural Psychiatry with the Royal Australian and New Zealand College of Psychiatrists, had conditions imposed on his registration by

³ Baxendale, R. (2026) 'Fears review of Victoria's conversion therapy law will ignore chilling effect', *The Australian*, 6 February, <<https://www.theaustralian.com.au/nation/fears-review-of-victorias-conversion-therapy-law-will-ignore-chilling-effect/news-story/17f3c4bf07a8beda8aa7f3c701611d45>>

⁴ Robinson, N. (2023) 'Senior child psychiatrist stood down after questioning gender medicine', *The Australian*, 9 June, <<https://www.theaustralian.com.au/nation/senior-child-psychiatrist-stood-down-after-questioning-gender-medicine/news-story/b418333aa19de951acb98601bf4ca31d>>

⁵ Sladden, J. (2023) 'Protecting children takes courage', *The Spectator Australia*, 14 July, <<https://www.spectator.com.au/2023/07/protecting-children-takes-courage/>>

⁶ Nicholls, T. (2024) *Independent review into puberty blockers released*, Queensland Government Media Statements, <<https://statements.qld.gov.au/statements/104227>>

AHPRA in February 2026⁷, barring him from publicly discussing gender medicine and from direct clinical contact with patients, following complaints lodged by trans activists. ██████████ peer-reviewed critiques of 'gender-affirming care' mirror the findings of the Cass Review and the conclusions of health authorities across Europe. Women's Forum Australia's Head of Advocacy ██████████ ██████████ wrote at the time: 'Suppressing his participation in public debate is not merely overreach; in a complex and evolving area of practice, it risks undermining the very pursuit of best medical care and the safety and wellbeing of patients.'⁸

While both cases arose in Queensland, they reflect the culture that legislation like the Act has helped entrench nationally. The Act's broad definition and serious criminal penalties send a clear message to clinicians: any deviation from the affirmation model carries serious legal and professional risk. The result is not the elimination of harmful practices, but the entrenchment of a new form of harm - the medicalisation of vulnerable young people without adequate assessment of underlying causes.

Question 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.

(a) The Act and how it works

Awareness of the Act in the general community is limited. Most Victorians are unaware of its existence or scope. Among those who are aware, it is widely misunderstood - perceived as targeting only extreme fringe religious practices, when in fact its definition is broad enough to capture a wide range of ordinary clinical, parental, and pastoral conduct. Among medical professionals, awareness is higher, particularly in psychiatry and related areas of medicine but accompanied by significant fear and uncertainty⁹. Our concern is that the legal uncertainty is causing clinicians to default to affirmation-only approaches regardless of clinical presentation, to eliminate any risk of complaint or prosecution - a professional self-censorship that is itself harmful to patients.

(b) What change or suppression practices are

The community's understanding of what constitutes a 'change or suppression practice' has been shaped almost entirely by how the Act was publicly promoted - as targeting extreme gay conversion therapy. The majority of Victorians would not understand that the Act could capture a parent asking questions about a child's gender identity, a counsellor exploring underlying mental health issues, a pastor praying with a congregant, or a clinician recommending watchful waiting rather than immediate

⁷ Rice, S. (2026) 'Overreach: health regulator silences top psychiatrist for posts on gender medicine', *The Australian*, 2 March, <<https://www.theaustralian.com.au/nation/overreach-health-regulator-silences-top-psychiatrist-for-posts-on-gender-medicine/news-story/ff4d869580a4c88422d73b0301620b81>>

⁸ Bastiaan, S. (2026) 'Silencing Andrew Amos undermines the pursuit of best medical practice', *Women's Forum Australia*, 5 March, <https://www.womensforumaustralia.org/silencing_andrew_amos_undermines_the_pursuit_of_best_medical_practice>

⁹ Marozzi, M. (2021) 'Here is what we know about Victoria's gay conversion bill', *ABC News*, 3 February, <<https://www.abc.net.au/news/2021-02-04/victorian-gay-conversion-bill-what-is-it/13116998>>

hormone intervention. This gap between public perception and legal reality is deeply concerning and creates grounds for misuse.

(c) The harm caused by change or suppression practices

The community is appropriately aware of the serious historical harms caused by coercive, physically abusive conversion practices targeting same-sex attraction. However, the community has been given very little information about the distinct and contested nature of gender identity compared to sexual orientation, or about the serious harms that flow from an overly broad approach to banning suppression of gender identity.

Critically, the community has not been adequately informed of the harm being caused by the affirmation-only approach the Act effectively mandates. The stories of detransitioners illustrate the devastation that results when affirmation is the only permitted clinical option. ██████████¹⁰ is one such example: a young woman who, struggling with anxiety, depression and same-sex attraction, was supported by her treating practitioners in undergoing a double mastectomy and hysterectomy as a teenager. She has since detransitioned, commenced legal action against her treating psychiatrist, and can never have children. She is one of a growing number of young women with strikingly similar stories - undiagnosed mental health conditions, peer group encouragement, inadequate clinical scrutiny, and irreversible physical harm.

Notably, the United Nations Special Rapporteur on violence against women and girls, ██████████ has specifically warned against the dangers of including gender identity in conversion practices bans, due to the risk that young women and same-sex attracted people will be placed on a fast-track to irreversible gender transition¹¹.

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

Yes. Women's Forum Australia recommends the following reforms:

- Gender identity should be excluded from the definition of 'change or suppression practices'. Sexual orientation and gender identity are fundamentally different in nature and warrant different treatment in law. Gender dysphoria is a medical condition and it requires proper clinical assessment rather than mandatory affirmation.
- The definition should be limited to physically or psychologically coercive practices that cause direct harm, such as aversion therapy, shock therapy, or forced treatments. Such conduct may already be captured by existing criminal law.
- A broad, explicit exemption should be created for health professionals, parents, teachers, and religious leaders who provide non-coercive support, guidance, prayer, or counselling that does not affirm a person's stated gender identity,

¹⁰ Szego, J. (2022) "‘Absolutely devastating’: woman sues psychiatrist over gender transition", *The Sydney Morning Herald*, 24 August, <<https://www.smh.com.au/national/absolutely-devastating-woman-sues-psychiatrist-over-gender-transition-20220823-p5bbyr.html>>

¹¹ Martin, D. (2024) 'Conversion therapy ban including trans people could backfire', *The Telegraph*, 22 September, <<https://www.telegraph.co.uk/politics/2024/09/22/conversion-therapy-ban-trans-could-backfire/>>

provided such support is non-coercive and is sought or accepted by the recipient.

- The Act should explicitly protect the watchful waiting approach and exploration of underlying mental health conditions - approaches now endorsed by health authorities in the UK, Finland, Sweden and the Netherlands.
- The Act should be amended to ensure that detransitioners and those seeking to detransition can access appropriate support without those helping them fearing prosecution.
- The Victorian Government should commission an independent parliamentary inquiry into the evidence base for 'gender-affirming care' for minors in Victoria, consistent with calls from a broad coalition of medical professionals, legal experts, and community organisations.

More broadly, the Act represents government overreach into areas of private life - the confidential doctor-patient relationship, family conversations, and pastoral care - that have historically been protected from state interference. Victoria has ensured that gender-dysphoric children effectively have only one treatment option: a pathway to experimental hormone treatments that other countries are now finding to be neither safe nor viable for children and young people.

Question 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 'change or suppression practice' is insufficiently clear and dangerously broad. It captures conduct that has the purpose or effect of changing or suppressing a person's sexual orientation or gender identity, regardless of consent and regardless of whether the conduct is coercive. This raises serious problems.

The inclusion of 'effect' means that a clinician, parent, or counsellor can be found to have engaged in a prohibited practice even without any intention of suppressing a gender identity - for example, if a psychologist explores trauma history with a patient and the patient subsequently becomes less certain about a transgender identity. The prohibition is in practice impossible to comply with reliably, because any holistic clinical engagement with a patient's gender distress may have the effect of influencing their gender identity.

The Act also fails to distinguish between gender identity and sexual orientation, despite these being fundamentally different. Studies conducted before the affirmation model became dominant found that a significant majority of children with gender dysphoria became comfortable with their biological sex over an uninterrupted puberty¹². The Cass Review found the evidence base for medical affirmation of gender identity in minors to be 'remarkably weak.'¹³

¹² Transgender Trend (2016) 'Do children grow out of gender dysphoria?', <<https://www.transgendertrend.com/children-change-minds>>

¹³ UK Government Web Archive, <<https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>>

Clarification should take the form of legislative amendment that: (a) excludes gender identity from the definition; or at minimum (b) limits the definition to coercive, physically or psychologically abusive conduct; and (c) introduces explicit safe harbour provisions for medical professionals, parents, and religious leaders providing non-coercive support.

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

The exclusion for health service providers is inadequate and unclear. It does not provide sufficient certainty that a clinician who adopts a watchful waiting or exploratory approach, rather than immediate affirmation, is protected from complaint or prosecution.

What counts as 'clinically appropriate' is inherently contested in this field precisely because the question of appropriate clinical standards is itself the subject of dispute. Clinicians who follow evidence-based, cautious approaches now endorsed by major international health authorities may still face risk under the Act, because the dominant institutional position in Australia - both implicitly and explicitly by medical bodies like the Australian Medical Association or Australian Society of Plastic Surgeons - is that affirmation is appropriate¹⁴.

The cases of ██████████ and ██████████ demonstrate that the culture surrounding the affirmation model is sufficiently entrenched that regulatory and employment bodies will act against clinicians who deviate from it, regardless of the quality of their clinical reasoning. ██████████ described a profession-wide silencing in which journal articles critical of child gender treatments are blocked by activist reviewers, dissenters are refused speaking platforms at conferences, and internal professional debate has effectively ceased.¹⁵ ██████████ AHPRA conditions were imposed following complaints from trans activists, not patients - illustrating the weaponisation of regulatory mechanisms against clinical dissent. The health service provider exclusion as currently drafted provides no meaningful protection in this environment.

Clarity should be achieved through explicit legislative amendment that positively protects watchful waiting, exploration of underlying mental health conditions, and non-affirming clinical approaches, and ensures that clinicians cannot be the subject of a complaint under the Act merely for declining to unconditionally affirm a patient's stated gender identity.

¹⁴ Baxendale, R. (2026) 'Surgeons' peak body avoids stance on gender surgery for teens despite US caution', *The Australian*, 20 February, <<https://www.theaustralian.com.au/health/medical/surgeons-peak-body-avoids-stance-on-gender-surgery-for-teens-despite-us-caution/news-story/b8413b61389c902607df7b339cf1852b>>

¹⁵ Rice, S. (2026) 'Overreach: health regulator silences top psychiatrist for posts on gender medicine', *The Australian*, 2 March, <<https://www.theaustralian.com.au/nation/overreach-health-regulator-silences-top-psychiatrist-for-posts-on-gender-medicine/news-story/ff4d869580a4c88422d73b0301620b81>>

Question 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?

Yes. The current drafting creates significant uncertainty for people of faith and religious organisations, and risks infringing on fundamental rights to freedom of religion, conscience, and expression.

Many faith traditions hold that biological sex is fixed and morally significant, and that the human body should not be subject to experimental medical alteration. Pastoral counsellors and religious ministers who support a person in their faith - including supporting them to embrace their biological sex or to live consistently with their faith convictions - are at risk under the Act if that support is found to have the effect of suppressing a gender identity. This is a serious and unacceptable intrusion into the religious sphere.

The exclusion for the expression of a religious belief is insufficiently broad. It protects the mere expression of belief but does not clearly protect active pastoral support, spiritual accompaniment, or prayer directed towards helping a person live in accordance with their biological sex and their faith, where that support is entirely non-coercive.

Clarification should include a broad, explicit exemption for non-coercive pastoral care, prayer, spiritual direction, and religious counselling that supports a person in living in accordance with their faith. It should be sufficient that such support is non-coercive and sought or accepted by the person receiving it.

Question 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?

Women's Forum Australia has serious concerns about the balance, accuracy, and quality of VEOHRC's awareness and education materials in this area¹⁶.

Awareness and education materials produced by human rights commissions on this topic across multiple jurisdictions have been heavily weighted towards the perspective of gender identity advocacy organisations and have failed to present an accurate account of the contested medical and scientific landscape. They have routinely presented the affirmation model as uncontroversially evidence-based - a characterisation directly contradicted by the Cass Review, by health authority decisions in multiple European countries, and by every systematic review of the evidence conducted to date, which has found the evidence for mental health benefits of hormonal interventions for minors to be of low certainty.

Effective community education in this area must acknowledge the genuine medical complexity and contested evidence base, must not present the affirmation model as settled science, and must honestly inform the community about the risks and long-

¹⁶ Victorian Equal Opportunity and Human Rights Commission (n.d.) *Gender identity*, <<https://www.humanrights.vic.gov.au/for-individuals/gender-identity/>>

term harms of medical gender transition for young people, including the growing phenomenon of detransition.

VEOHRC's education materials should be developed with genuine input from a broad range of medical professionals including those who hold evidence-based concerns about the affirmation model, from detransitioners, from parents of gender-confused young people, and from religious communities. Materials developed solely with the involvement of gender identity advocacy organisations cannot produce the balanced, accurate public education that the community needs and deserves.

Question 8: Are there any barriers to: (a) reporting change or suppression practices to VEOHRC; (b) VEOHRC facilitating outcomes of reports; (c) VEOHRC conducting investigations?

(a) Barriers to reporting

We acknowledge that there can be significant personal barriers to reporting genuinely harmful practices, including shame, fear of not being believed, and lack of awareness of reporting mechanisms. These barriers warrant attention.

However, Women's Forum Australia is equally concerned about the absence of any meaningful barrier to vexatious or politically motivated complaints. The cases of ██████████ and ██████████ demonstrate that complaints mechanisms in this area have been weaponised by trans activists to silence clinicians raising legitimate evidence-based concerns. The Act's broad definition means that almost any clinical, parental, or pastoral engagement with gender dysphoria that is not geared towards affirmation is potentially the subject of a complaint. There is no threshold of harm required to trigger a complaint. This asymmetry creates a serious risk of abuse of process.

(b) VEOHRC facilitating outcomes

Women's Forum Australia is concerned that VEOHRC's institutional orientation may reflect the ideological capture of peak bodies and regulatory institutions by gender identity advocacy that has occurred more broadly. Confidence in VEOHRC's capacity to impartially facilitate outcomes in this contested area is limited, particularly given the pattern of regulatory appointments that have prioritised ideological alignment over independence.

(c) VEOHRC conducting investigations

VEOHRC's capacity to conduct rigorous, evidence-based investigations is necessarily constrained if the Act's definition of prohibited conduct is itself flawed. An investigation that proceeds on the premise that any non-affirming clinical approach is presumptively harmful will reach conclusions that are not evidence-based, regardless of the quality of the investigative process.

Question 9: Are there changes that could help support VEOHRC to carry out its functions or improve the effectiveness of the civil response scheme?

Women's Forum Australia recommends the following changes:

- A threshold of demonstrable harm should be required before a complaint can be lodged. The current absence of a harm threshold means the civil complaints scheme can be used to harass and silence medical professionals, parents, and religious leaders who hold evidence-based or faith-based concerns about the affirmation model.
- Complaints against medical professionals should be assessed against a standard that explicitly acknowledges the contested nature of best practice in addressing gender dysphoria, and should not presume that non-affirming clinical approaches are inherently harmful.
- VEOHRC should be required to have regard to the full range of medical and scientific evidence, including evidence critical of the affirmation model, rather than treating the positions of compromised medical bodies as determinative.
- A costs mechanism should be available against complainants who bring vexatious complaints, to deter the weaponisation of the complaints scheme against good-faith clinical practice or parental care.

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

The most significant barriers to prosecuting genuinely harmful coercive conduct are those that exist independently of the Act: the personal reluctance of victims to come forward, the difficulty of proving intent and causation, and the passage of time. These barriers are not addressed by the Act.

What the Act has created, however, is a barrier to good-faith clinical and parental conduct through by potentially criminalising legitimate care. This is not the purpose for which criminal law should be used. Women's Forum Australia recommends that the criminal offences for gender identity be removed entirely and significantly narrowed across other attributes so that they apply only to conduct that is coercive, physically or psychologically abusive, and causes direct harm to the recipient.

Question 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?

Yes. Several features of the criminal offences are problematic.

First, the offence provisions do not require that the conduct be coercive or involuntary. A person can be convicted of a criminal offence for providing support that was sought and welcomed by the recipient, if that support is found to have had the effect of suppressing a gender identity.

Second, the extraterritorial reach of the offence provisions is extraordinary and unjustifiable. A Victorian resident who takes a family member interstate to seek a second clinical opinion, or to attend a religious retreat, could theoretically face prosecution on their return. This provision is grossly disproportionate and should be repealed.

Third, the criminal provisions create significant uncertainty for parents. A parent who asks questions, expresses concern, seeks a second opinion, or declines to immediately affirm a child's stated gender identity is potentially at risk. The criminalisation of parental concern in this context is deeply troubling, and is part of a broader pattern evident in similar legislation across Australia - including South Australia's Conversion Practices Prohibition Act, which was rushed through the Legislative Assembly in under two hours with minimal community consultation, in circumstances described by opposition MPs as 'highly irregular and unusual' for legislation of such importance. Such haste reflects a willingness to prioritise ideological goals over the welfare of vulnerable children.

Question 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?

Where genuinely harmful, coercive conversion practices have occurred, existing legal avenues - including assault law, professional misconduct mechanisms, and general civil law provide meaningful avenues for redress. Women's Forum Australia does not support additional redress mechanisms that would broaden the definition of actionable conduct beyond genuinely coercive and harmful practices, as this would simply provide further tools for suppressing legitimate clinical care and parental involvement.

We draw the Commission's attention to a significant and largely unaddressed redress gap: the needs of detransitioners who suffered harm as a result of inadequate clinical assessment and the application of the affirmation model. Young people like Victorian woman, ██████████¹⁷ who underwent irreversible surgery as a teenager without adequate exploration of underlying mental health conditions, deserve meaningful access to redress. The Act, by enshrining the affirmation model as the presumptively lawful approach and treating non-affirming care as prohibited, actively impedes the recognition of harm done to detransitioners. This is a profound injustice that this review should confront directly.

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

Women's Forum Australia does not support the introduction of a civil cause of action under the Act in its current form. A civil cause of action based on the Act's existing broad definition of prohibited conduct would provide a powerful new litigation tool deployable against medical professionals who take evidence-based, non-affirming approaches to gender dysphoria, against parents who decline to immediately affirm a

¹⁷ Bachelard, M. (2025) 'As Mel's gender 'ricocheted', she went under a surgeon's knife', *The Age*, 24 May, <<https://archive.md/JPrdt>>

child's stated gender identity, and against pastoral carers who provide faith-based support to gender-questioning individuals. This would represent a serious expansion of the Act's chilling effect, and would further deter the careful, holistic clinical care that vulnerable young people with gender dysphoria urgently need.

General civil law already provides avenues for persons who have suffered demonstrable harm from genuinely abusive conduct to seek redress. A specific civil cause of action under the Act would add nothing to the protection of genuinely vulnerable people, but would significantly expand the capacity to intimidate and suppress good-faith clinical, parental, and pastoral conduct. If a civil cause of action were to be considered at all, it could only be justified in a narrowly defined form, limited to coercive and abusive conduct causing direct and demonstrable harm, with robust protections against vexatious litigation.

Conclusion

Women's Forum Australia urges the Victorian Law Reform Commission to approach this review with clear eyes about the harm the Act has caused and continues to cause. The Act was enacted on the premise that gender identity is equivalent to sexual orientation and that any non-affirming approach to gender dysphoria is inherently harmful. Both premises are medically contested, the second increasingly so in light of international evidence and the experiences of detransitioners.

The real harm demanding urgent attention in Victoria and across Australia is not being addressed by this Act. Vulnerable young people - overwhelmingly girls - presenting with gender dysphoria are being fast-tracked, without adequate assessment of underlying mental health conditions, onto pathways of irreversible hormone treatments and surgery. The Act, by criminalising the very clinical caution that could interrupt that fast-tracking, has made this problem worse.

The chilling effect on clinicians, the intimidation of parents who dare to ask questions, the criminalisation of pastoral care - these are not side effects of a well-designed law. They are the predictable consequences of legislation built on a flawed ideological foundation, enacted without adequate scrutiny or consultation. Victoria has an opportunity, through this review, to correct that error. Women's Forum Australia urges it to do so.

Note on consent: Our submission is not confidential, and we are happy for it to be published and available publicly.

We agree to the VLRC Information privacy policy and agree to VLRC retaining our contact details to send us updates about this project.