

# 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.

<b>Organisation:</b> (optional)		Board of Imams Victoria
------------------------------------	--	-------------------------

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 broad definition of change or suppression (conversion) practices has effectively reduced or stopped 'conversion practices'.

The term 'conversion practices' is misleading because it suggests that ordinary secular and religious counseling or prayer is negative or controlling.

The legislation promotes certain conclusions to be made about matters that are deeply personal. Individuals should be free to explore these matters in partnership with their preferred support networks. Government should not interfere.

The people most hurt by these restrictions are the very people the legislation claims to help. For example, counsellors may be unwilling to take on LGBTIQ+ clients because they risk prison sentences for saying the wrong thing. Any individuals who want support are denied real choice when they cannot receive a variety of opinions. This can deepen rather than resolve psychological distress.

**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 community understands the Act and its implications. Many parents are concerned they can no longer teach sexual ethics in line with their faith or support a child experiencing gender confusion, and are aware of the risk of serious criminal penalties, including for taking a child interstate for practices deemed “conversion practices.”

b) “Conversion practices” are already clearly defined in the Act, though excessively broad and misleading. The only approach explicitly excluded is the so-called “affirmative” model. In light of the Cass Review, bans on puberty blockers in the NT, Queensland, and other countries, as well as the successful legal challenge against sex-reassignment surgery in America, it is clear the clinical landscape has shifted. The definition of conversion practices should be reviewed and updated to reflect current medical evidence and legal developments.

c) The so-called 'evidence' for the proposition that religious counselling is 'harmful' was always remarkably thin. The prohibition of ordinary counselling has caused real harm — cutting people off from second opinions, holistic healthcare, and counselling, and leaving many in deeper conflict and confusion. An exclusively affirmative model must not be the only legal pathway of care for those experiencing gender distress.

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

Yes, by:

- 1) Limiting the definition of 'conversion practices' to coercive, torturous or unethical practices.
- 2) Restoring parental rights within the Act.
- 3) Protecting freedom of choice for those seeking holistic or alternative care, not just an exclusively affirmative model.
- 4) Excluding religious practices (including prayer and pastoral counselling) and legitimate clinical counselling from the definition of “conversion practices.”
- 5) Removing the civil penalty scheme so that punishable practices meet thresholds determined by a Court.

**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' should be amended so that it reflects current medical evidence and legal developments. It should take into account recent bans on puberty blockers in Australia and overseas. It should also reconsider its approach in light of the criticism of Family Court Judge [REDACTED] toward the Royal Children's Hospital's Australian Standards of Care (ASOCTG).

Religious practices, clinical counselling and parental guidance on sexual ethics should not be included in the definition of 'conversion practices'.

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

Section 5(2)(b) of the Victorian Act lacks clarity and should adopt the explicit examples of exempt health services that are listed in s3 the NSW Conversion Act (as mentioned in Consultation Paper 2.17).

However, Sections 5(2)(a) and 5(3) of the Victorian Act effectively position the affirmative model as the only lawful pathway for those experiencing gender distress. In light of evolving medical evidence and legal developments surrounding affirmative care, these provisions — and the Act as a whole — warrant review, particularly given their reliance on now-contested AusPATH and WPATH guidelines.

The government needs to reconsider its approach to these medical practices. Medical evidence now disagrees with the benefit of gender transition practices.

**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?**

Explicit examples, as noted in 2.22, would provide greater clarity.

However, it is not a legitimate function of government in a western, pluralist democracy to determine 'how people of faith can hold and express their beliefs'. Australia has signed up to the ICCPR. Article 18 of the convention requires that the country protect freedom of religion. These constraints are not recognised in this Act.

Victorian faith communities are being restricted from expressing their beliefs, particularly when supporting others. This even extends to parents raising their own children. This Act has affected religious freedom and parental rights. It has placed people of faith in tension with their conscience and deeply held principles.

Those of faith who experience sexual orientation or gender distress are especially impacted. Many feel isolated and limited to a single, legally approved, pathway. Individuals who freely consent to holistic or alternative support should have the right to pursue it. It is not further clarity that the people of faith need, but freedom of religion and freedom of choice.

**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 awareness and education materials promote only one way of dealing with a person's gender identity or sexual orientation. Its approach ignores medical developments that support more holistic responses to gender dysphoria and distress. It also ignores religious freedom and other cultural views.

As with the definition of 'conversion practices,' the educational material that the Victorian government and its contractors provide should be updated to reflect the medical evidence and legal developments.

There is a lack of transparency and accuracy in what the VEOHRC is saying about the Act. At one time, VEOHRC's website told Victorians that parents resisting the medication of their gender dysphoric child would be held guilty of a 'conversion practice.' This misrepresented the law. VEOHRC later admitted that 'it is not clear how the law will apply to an offense by a parent' and removed that particular illustration. The law should be absolutely clear when it holds a parent criminally liable for something they teach their child. It should hold a parent liable only on very serious occasions. This is not one of those.

VEOHRC has not answered how the misleading statement came to be posted on its website. Nor has it revealed who, within VEOHRC, is accountable for spreading the false and alarming statement.

**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. They can even be made anonymously. The process is so accessible that it carries a real risk of being misused or weaponised.

VEOHRC also holds broad powers to facilitate outcomes and conduct investigations; however, such expansive and largely unsupervised authority should be reduced.

**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) be removed from the Act.

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

3) Complainants be identified and properly documented.

4) An annual public report outlining investigations, cases, and outcomes be released.

5) Any proposed “positive duty” to prevent harm (3:20–22) not be introduced, as it would further impact religious freedom.

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

There are no barriers. There has been an absence of criminal offences. This suggests there have been no clear instances of conversion practices in Victoria.

The law has, however, created a significant chilling effect among faith communities, families and schools. It has impacted religious freedom. It has led to self-censor out of fear. It has restricted ordinary religious expression and practice.

For these reasons, any expansion of the Act, whether through broader civil or criminal provisions, or through the introduction of an offence that does not require proof of injury (4.5), should be 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?**

Victim-survivors already have multiple avenues to pursue financial compensation (5.4). No more is necessary.

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

No person should be held liable for an action they undertook before this Act was enacted (ie. no retrospective redress).

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

Introducing a civil cause of action is unnecessary. There are already multiple ways to deal with a grievance.

