

**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 Change or Suppression (Conversion) Practices Prohibition Act 2021 has been drafted with an overly broad definition of "change or suppression practice" that prioritizes intersectional politics over identifying genuine instances of serious harm in the community. This lack of precision means the Act captures innocuous conduct, such as ordinary conversations and pastoral care, while failing to provide clear guidance on what constitutes the kind of coercive or abusive conduct that genuine victims of conversion practice have described.

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

I think the majority of the population have no idea of this act or its impact

**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 prohibited conduct in the Change or Suppression (Conversion) Practices Prohibition Act 2021 is overly broad and fails to provide sufficient clarity on what constitutes permissible exploration or discussion of an individual's sexual orientation or gender identity. This lack of clarity leaves healthcare professionals and other practitioners uncertain about how to engage in exploratory or Socratic questioning, including exploring alternative possibilities such as same-sex attraction or ruling out other diagnoses such as autism spectrum disorder, without risking liability. The Act's provisions do not adequately protect the ability of practitioners to engage in nuanced and multi-faceted discussions with clients, which can be essential for informed decision-making. Furthermore, the carve-out for practices that encourage or promote gender transition creates an uneven playing field, explicitly protecting affirmation while leaving non-affirmation exposed to liability. This asymmetry undermines the ability of practitioners to provide balanced and impartial support to clients.

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

The Act's definition of change or suppression practices must be revised to permit reasonable professional judgment, acknowledging that the evidence base on sexual orientation and gender identity is contested and multifaceted, and that minority or dissenting clinical approaches may be informed by legitimate differences in professional opinion. As the law currently stands, practitioners who hold non-affirming clinical views, even when delivering evidence-based treatment with informed consent, cannot be confident that their ordinary professional practice is protected from unwarranted scrutiny and potential sanction.

**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's failure to provide an exemption for individuals who, despite experiencing same-sex attraction, wish to live and practise their faith in accordance with its teachings, raises serious concerns about the erosion of religious freedom and individual autonomy, as it effectively denies LGB people of faith the right to seek support for their consensual and deeply personal choices.

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

The Act's broad definition of conversion practices has a stifling effect on ordinary conversations and pastoral care, deterring Victorians from engaging in lawful speech and activity out of fear of being misinterpreted or reported. The consultation materials' assumption that affirmation of gender identity is the only medically appropriate option is a biased and contested position that is not supported by the best available evidence, including the Cass Review, and may ultimately harm individuals seeking alternative care and treatment.

**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.**

The Victorian Equal Opportunity and Human Rights Commission should be required to consider current best-evidence guidance when developing materials under the Change or Suppression (Conversion) Practices Prohibition Act 2021, to ensure that the information provided is accurate and safe for all individuals, particularly vulnerable young people, and that materials which uncritically adopt affirmation of gender identity as the only medically appropriate option, and thereby risk causing serious harm, are not permitted to stand as authoritative guidance under the Act.

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

The overly broad definition of change or suppression practices in the Act raises significant concerns about the potential for liability in everyday conversations and public discourse. Expressing a sincerely held view in a conversation, sermon, therapy session, or public forum could inadvertently trigger liability, as the definition encompasses even casual discussions. This creates a pervasive chilling effect on speech, as individuals and organizations may self-censor to avoid potential repercussions, far exceeding any legitimate regulatory purpose. The risk of civil claims, which can be brought by any individual who feels aggrieved, further exacerbates this issue, as respondents may face substantial costs regardless of the outcome, with a lower standard of proof required than in criminal proceedings. This will inevitably have a stifling impact on open and honest discussion in Victorian society.

