

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 phrase 'change or suppression (conversion) practices' is effective in stemming 'conversion practices'. However, the term 'conversion practices' is ambiguous. It seems to view counselling with a religious perspective or praying in a dim light.

People should be free to explore the matters stated in the legislation together with their support networks, be it religious or irreligious. The government should not interfere.

The people that the legislation purports to help are most likely the ones hurt by it. A counsellor would most likely decline helping a client of the LGBTIQ+ persuasion for risk of prosecution because he/she misspoke. Individuals seeking support are therefore denied real choices when they cannot receive a variety of opinions.

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

a) The community understands how it works, but in a negative way. Parents like myself are displeased that they cannot teach sexual ethics according to their worldviews or supporting children experiencing gender confusion without facing the risk of serious criminal penalties.

b) The definition of "Conversion practices" is defined in the Act. However, it is broad and misleading. The only approach that does not fall in this definition is the "affirmative" model. Following the publication of the Cass Review, the clinical landscape on this topic has shifted (eg, bans on puberty blockers in the NT and Queensland, successful legal challenge against sex-reassignment surgery in America). Therefore, the term "conversion practices" should be reviewed and updated to reflect current medical evidence and legal developments.

c) There is insufficient evidence that religious counselling is 'harmful'. I believe it is harmful to prohibit ordinary counselling, as it denies people from accessing a more holistic healthcare, second opinions and counselling. This can lead to deeper conflict and confusion. Having the 'affirmative model' as the only way for care for the gender dysphoric would cause more harm than good.

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

Yes, it can, if the following are actioned:

- 1) The definition of 'conversion practices' is limited only to coercive, torturous or unethical practices.
- 2) Bringing back parental rights within the Act.
- 3) Giving patients the freedom to choose holistic or alternative care, not just an exclusively

affirmative model.

4) Removing religious practices (eg, prayer and pastoral counselling) and legitimate clinical counselling from being defined as "conversion practices."

5) Removing the civil penalty scheme. Practices that are convicted by the Court should meet the 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 should be made consistent with the current medical evidence and legal developments in Australia and overseas (eg, recent bans on puberty blockers in Australia and overseas, the criticism of Family Court [REDACTED] toward the Royal Children's Hospital's Australian Standards of Care (ASOCTG)).

The definition of 'conversion practices' should be changed such that religious practices, clinical counselling and parental guidance on sexual ethics are excluded.

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 is ambiguous. Examples of exempt health services that are listed in s3 the NSW Conversion Act (as mentioned in Consultation Paper 2.17) should be considered instead.

Sections 5(2)(a) and 5(3) of the Victorian Act makes it such that the affirmative model as the only legal pathway for the gender dysphoric. Given the current medical evidence and legal developments surrounding affirmative care, the Act should be reviewed. It has been relying on the now-contested AusPATH and WPATH guidelines.

The Government should reconsider its approach to these medical practices, as medical evidence now disagrees with the purported benefits 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?

2.22 of the consultation paper provided greater clarity. However, a government in a western democracy should not determine 'how people of faith can hold and express their beliefs'. Australia is a signatory of the ICCPR. Article 18 of the convention shows that Australia should protect the citizens' freedom of religion. This Act does not appear to adhere to this protection.

This Act has affected religious freedom and parental rights of Victorians. They are restricted from expressing their beliefs, especially when they see the need to help others. Parents are also restricted in raising their children according to their worldviews.

The religious who are suffering gender distress are impacted the most as they are only limited to a single, legally approved, pathway. Those who prefer a more holistic support should have the right to pursue it.

Rather than providing 'greater clarity', the people of faith should be free to pursue their 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?

The resources VEOHRC provides promote a single way of dealing with a person's gender identity or sexual orientation. Furthermore, it ignores approaches that provide more holistic responses to gender dysphoria and distress. It does not account for religious freedom and other cultural views.

As mentioned above about 'conversion practices,' the educational materials provided by the Victorian government and its contractors should be updated to reflect the current medical evidence and legal

developments.

The VEOHRC once misrepresented what the Act is saying. For a period of time, the VEOHRC stated on their website that parents who resist the medication of their gender dysphoric child is deemed as 'conversion practice.' VEOHRC later admitted that 'it is not clear how the law will apply to an offense by a parent' and removed that illustration.

VEOHRC has yet to respond how the misrepresentation was posted on its website. No-one within VEOHRC is held accountable for the post.

If so, please describe what those barriers are.

No known barriers are present in reporting alleged conversion practices to VEOHRC, since complaints can be made easily and anonymously. However, the 'low-barrier' of this process carries a risk of being misused or weaponised.

The VEOHRC are given broad powers to conduct investigations and deliver outcomes. 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. Proposed changes are as follows:

- 1) The "secrecy provision" mentioned in Section 51 of the act (referenced in 3:13 of the consultation paper) should be removed from the Act.
- 2) Transparency on the side of VEOHRC in conducting all investigations, as well as complaints reported to them.
- 3) Proper identification and documentation of complainants.
- 4) Public report outlining investigations, cases, and outcomes should be published annually.
- 5) Not to introduce any proposed "positive duty" to prevent harm (3:20–22 of the consultation paper).

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

No such barriers are known. Nor are there any criminal offences, suggesting that there are no known conversion practices in Victoria.

However, the Act has created fear within faith communities, families and schools. Its impact on religious freedom, Victorians' self-censorship out of fear, and the restrictions of ordinary religious expression and practice should not be ignored.

As such, introducing broader civil or criminal provisions, especially introducing an offence that does not require proof of injury (4.5), should be opposed. Measures like this is highly subjective and can be misused.

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?

No

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 have more than sufficient avenues of redress.

To ensure fairness and prevent misuse, the existing FAS criteria should be retained.

No retrospective redress should be introduced.

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

No. Complainants have access to multiple ways to deal with a grievance.

[REDACTED]



[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]