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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.

This Act's broad definition of "change or suppression practice" raises concerns that it prioritizes intersectional politics over identifying and addressing genuine instances of serious harm in the community. The definition's lack of clarity on what constitutes coercive or abusive conduct fails to provide adequate guidance, instead capturing conduct that causes no harm, including ordinary conversations, pastoral care, and clinical practice that should not be subject to the Act's provisions.

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 Act's carve-out for practices that encourage or promote gender transition raises concerns as it explicitly shields affirmation from liability, while leaving individuals who do not affirm a person's gender identity vulnerable to prosecution, creating an uneven and unfair application of the law.

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

The Act's broad definition of change or suppression practices creates uncertainty for practitioners who hold non-affirming clinical views, as they cannot be confident that their ordinary professional practice is protected even where it is evidence-based and conducted with informed consent. This uncertainty is particularly concerning given the contested evidence base surrounding sexual orientation and gender identity, where reasonable professional judgment may lead to differing clinical approaches. The Act's failure to allow for minority or dissenting clinical views undermines the principles of evidence-based practice and patient autonomy. The express example that psychotherapy is a prohibited suppression activity unless it falls within the exemption creates a chilling effect on clinical practice, as practitioners may be reluctant to provide treatment that they believe is in the best interests of their patients. This may ultimately harm the very individuals the Act seeks to protect.

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 broad definition of "change or suppression practice" poses a significant risk to individuals who freely seek support from faith-based counsellors or pastors to navigate their same-sex attraction in accordance with their religious beliefs. A person who consensually seeks such support is not accommodated by the Act, which may inadvertently leave them without access to the guidance they desire while also exposing the counsellor or pastor to liability for providing it.

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 consultation materials have a profound impact on Victorians, producing a chilling effect by

characterising an overly broad range of conduct as potentially prohibited, thereby deterring individuals from engaging in ordinary conversations, pastoral care, and clinical practice. By framing these lawful activities as potential conversion practices, the materials effectively stifle free speech and activity, revealing a clear advocacy bias that seeks to expand the Act's reach beyond its legislative intent.

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 engage with the findings of the Cass Review, a comprehensive independent review of gender medicine for children and young people, to ensure that its understanding of these complex issues is informed by the most up-to-date and thorough research. This provision would require VEOHRC to consider current best-evidence guidance when developing materials under the Act, promoting a more informed and balanced approach to supporting individuals affected by change or suppression practices.

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

The introduction of a private right of action through civil tribunals under the Change or Suppression (Conversion) Practices Prohibition Act 2021 constitutes the most extreme form of speech regulation available, creating a far-reaching chilling effect that stifles legitimate expression and debate, as the sweeping definition of conversion practices could render any sincerely held view expressed in a conversation, sermon, therapy session, or public forum liable to civil action, which can be initiated by any individual with a lower burden of proof and without the safeguard of costs protection.