



[Redacted text]

[Redacted text]

[Redacted text]

**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, in its current form, prioritizes intersectional politics over identifying and addressing genuine instances of serious harm in the community, with a definition of "change or suppression practice" that is so broad it encompasses harmless conduct while failing to provide clear guidance on the coercive or abusive conduct that has caused harm to victims of conversion practice, and therefore, a law genuinely concerned with protecting victims should be precisely targeted at serious harm, rather than capturing ordinary conversations, pastoral care, and clinical practice.

**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 definition of prohibited conduct is overly broad and fails to provide sufficient clarity around what constitutes permissible exploratory or Socratic questioning, leaving healthcare professionals and individuals uncertain about how to navigate complex discussions around sexuality and gender without risking liability. The lack of clear examples of what does not contravene the prohibition, particularly in the context of religious practice, raises concerns that the Act will default to outlawing legitimate and harmless activities, including prayer-based practice and doctrinal preaching, while unfairly privileging an affirmation-only approach to clinical practice.

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

The Change or Suppression (Conversion) Practices Prohibition Act 2021 raises significant concerns regarding its discriminatory impact on clinicians of faith, who are singled out for adverse treatment not applied to clinicians whose approach is informed by other ideological commitments. This provision undermines the principles of equality and non-discrimination, as it unfairly targets a particular group of professionals. Reasonable professional judgment must be allowed to include minority or dissenting clinical approaches, given the contested evidence base surrounding certain practices. By treating a clinician's faith perspective as presumptively incompatible with or compromising professional judgment, the Act creates an unjustified barrier to the provision of evidence-based care. Clinicians with faith-based perspectives on gender, in particular, are left uncertain about the protection of their ordinary professional practice, even when conducted with informed consent.

**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 scope is concerning as it fails to provide clarity for individuals who identify as lesbian, gay or bisexual and wish to seek support from their faith community to live in accordance with their religious beliefs and values, despite their same-sex attraction. A mere caution that faith practice may contravene the Act is insufficient, as it leaves individuals and faith leaders uncertain about the

implications of providing or seeking support. As a result, pastors and faith leaders are left in a precarious position, unable to determine whether offering ordinary pastoral care, prayer or scripture-based counsel will expose them to liability under the Act.

**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 concerning impact, as they produce a chilling effect by characterising a wide range of conduct as potentially prohibited, which may deter individuals from seeking or providing support and guidance. This overly broad characterisation may lead to unintended consequences, such as limiting the availability of certain forms of therapy or counselling. The materials also demonstrate a clear bias, proceeding from the assumption that affirmation of gender identity is the only medically appropriate option, rather than presenting a balanced view of the complex issues at play.

**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 (VEOHRC) should meaningfully engage with the findings of the Cass Review, the most comprehensive independent review of gender medicine for children and young people ever conducted, to ensure that its guidance under the Change or Suppression (Conversion) Practices Prohibition Act 2021 is informed by the most robust and up-to-date evidence. VEOHRC materials that uncritically adopt affirmation of gender identity as the only medically appropriate option should be revised to reflect the complexity of the issues and the need for a more nuanced approach, as permitting such materials to stand as authoritative guidance under the Act risks causing serious harm to vulnerable young people.

**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 civil cause of action against faith leaders and pastoral care activities under the Change or Suppression (Conversion) Practices Prohibition Act 2021 would be catastrophic for religious communities, as it would expose them to frivolous lawsuits and undermine their ability to provide spiritual guidance and support to their members. This provision would create a pervasive chilling effect on speech, deterring faith leaders from engaging in legitimate pastoral care activities and stifling the free exchange of ideas and opinions within religious communities.