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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.

The Change or Suppression (Conversion) Practices Prohibition Act 2021 prioritizes intersectional politics over the identification of genuine instances of serious harm in the community, resulting in a definition of "change or suppression practice" that is overly broad and ambiguous. This lack of clarity not only fails to provide adequate guidance on what constitutes coercive or abusive conduct, but also risks capturing ordinary conversations, pastoral care, and clinical practice, rather than precisely targeting the kind of serious harm that genuine victims of conversion practice have described.

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 raises concerns as it may inadvertently restrict exploratory or Socratic questioning, including discussions that explore alternative possibilities or rule out other diagnoses, thereby limiting a healthcare provider's ability to provide comprehensive care. A genuinely neutral law would not privilege one clinical approach over another, and the submitter is concerned that the current provisions may inadvertently create an uneven playing field for healthcare providers.

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's broad definitions and exemptions have created uncertainty for practitioners with non-affirming clinical views, leaving them unable to confidently engage in ordinary professional practice even when it is evidence-based and conducted with informed consent. This lack of clarity is particularly concerning given the express example in the Act that psychotherapy is a prohibited suppression activity unless it falls within the exemption, which creates a chilling effect on clinical practice. The provision's impact on the therapeutic relationship and the ability of practitioners to provide comprehensive care is a significant concern. Furthermore, the necessity exemption's higher threshold for non-affirming interventions, unlike the equivalent provision in NSW, is a troubling disparity that may lead to unequal treatment of individuals seeking care. This disparity undermines the principles of informed consent and patient autonomy, and 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 failure to accommodate an LGB person of faith who consensually seeks support to reconcile their same-sex attraction with their religious beliefs is a significant oversight, as it denies them the freedom to live and practise their faith in accordance with their own values and choices, thereby constituting an extraordinary intrusion into both religious freedom and individual autonomy.

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 process is fundamentally flawed, as it proceeds from the assumption that affirmation of gender identity is the only medically appropriate option, thereby precluding balanced or evidence-based recommendations. This assumption is not supported by the best available evidence, including the Cass Review, which highlights the complexity and nuance of the issue, and as such, the consultation materials cannot be considered a neutral description of the law, but rather an advocacy document seeking to expand the Act's reach.

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's (VEOHRC) materials that endorse affirmation of gender identity as the sole medically acceptable approach raise significant concerns. By uncritically adopting this stance, these resources risk causing serious harm to vulnerable young people who may be prematurely or inappropriately directed down a path of medical intervention. These materials should not be permitted to stand as authoritative guidance under the Act, as they may compromise the well-being and safety of the very individuals the legislation seeks to protect.

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

The Act's broad definition of change or suppression practices and its sweeping prohibitions create a pervasive chilling effect on speech that goes far beyond any legitimate regulatory purpose, stifling open discussion and debate on matters of profound importance to many Victorians. The availability of civil claims under the Act, which can be brought by any individual who feels aggrieved with a lower standard of proof and at significant cost to the respondent regardless of outcome, only exacerbates this effect.