

[REDACTED]

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 Act's broad definition of "change or suppression practice" raises concerns that it prioritizes intersectional politics over identifying genuine instances of serious harm in the community. By failing to provide clear guidance on what constitutes coercive or abusive conduct, the Act risks capturing ordinary conversations, pastoral care, and clinical practice, rather than precisely targeting serious harm that 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 definition of prohibited conduct in the Change or Suppression (Conversion) Practices Prohibition Act 2021 is overly broad and may inadvertently capture legitimate therapeutic practices. Exploratory or Socratic questioning, for instance, is a common technique used by mental health professionals to help individuals understand their thoughts, feelings, and behaviors. However, the Act's language does not clearly exempt this type of questioning, which may involve exploring alternative possibilities, such as same-sex attraction, or ruling out other diagnoses, like autism spectrum disorder. A genuinely neutral law would not privilege one clinical approach over another, yet the Act's current wording may be interpreted as favoring certain therapeutic methods while stifling others. This lack of clarity may have a chilling effect on mental health professionals, leading them to avoid exploring certain topics with their clients, ultimately undermining the therapeutic relationship.

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

The necessity exemption in the Change or Suppression (Conversion) Practices Prohibition Act 2021 is problematic in that it establishes a higher threshold for non-affirming interventions compared to affirming ones, a distinction not present in the equivalent NSW legislation. This disparity creates an uneven playing field, where certain practices are subject to greater scrutiny than others. The Act's express example that psychotherapy constitutes a prohibited suppression activity unless exempted under the necessity provision has a chilling effect on clinical practice, as it may deter practitioners from providing evidence-based treatments. Furthermore, practitioners who hold non-affirming clinical views are left uncertain as to whether their ordinary professional practice is protected, even when conducted with informed consent and grounded in evidence. This lack of clarity undermines the confidence of practitioners to provide care that aligns with their professional judgement.

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 prohibition on conversion practices is based on a contested clinical position that is not supported by the best available evidence, including the Cass Review, which highlights the complexity and uncertainty surrounding the treatment of gender dysphoria. The consultation materials that accompany the Act are also problematic, as they proceed from the assumption that affirmation of

gender identity is the only medically appropriate option, rather than presenting a balanced view of the available evidence and approaches.

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 role in developing materials under the Change or Suppression (Conversion) Practices Prohibition Act 2021 is critical in ensuring the Act's objectives are met. The Commission should engage with the findings of the Cass Review, a comprehensive and independent review of gender medicine for children and young people, to inform its work. This review provides valuable insights into the complexities surrounding the medical treatment of children and young people with gender dysphoria. By considering the Cass Review's findings, the Commission can ensure that its materials are informed by the most up-to-date and evidence-based research. The Act should be amended to require the Commission to consider current best-evidence guidance when developing materials, ensuring that its work is grounded in the best available research and expertise.

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

The inclusion of a private right of action through civil tribunals in the Change or Suppression (Conversion) Practices Prohibition Act 2021 is a deeply concerning provision. This mechanism allows any individual who feels aggrieved to bring a civil claim, with a lower standard of proof required compared to criminal prosecution, and with costs falling on the respondent regardless of the outcome. By enabling such claims, the Act creates a pervasive chilling effect on speech that goes far beyond any legitimate regulatory purpose, effectively suppressing legitimate discussions and debates.