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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 is fundamentally flawed in its approach, prioritizing intersectional politics over the identification and prevention of genuine harm, with a definition of "change or suppression practice" so overly broad that it ensnares innocuous conduct while neglecting to provide clear guidance on the coercive or abusive behaviors that have been described by actual victims of conversion practices, thereby undermining the law's purported aim of protecting vulnerable individuals.

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 Change or Suppression (Conversion) Practices Prohibition Act 2021's definition of a change or suppression practice defaults to an affirmation-only approach, which raises concerns about the law's impartiality. A genuinely neutral law would not privilege one clinical approach over another, and therefore the Act should be revised to ensure that it does not inadvertently coerce or limit the provision of certain therapeutic approaches.

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 has created uncertainty among practitioners with non-affirming clinical views, who cannot be confident that their ordinary professional practice is protected, even where it is evidence-based and conducted with informed consent. This lack of clarity has a profound impact on the ability of practitioners to provide care to their clients without fear of prosecution. The Act's express example that psychotherapy is a prohibited suppression activity unless it falls within the exemption creates a chilling effect on clinical practice, deterring practitioners from engaging in legitimate therapeutic work. Furthermore, the necessity exemption is problematic, as it imports a higher threshold for non-affirming interventions than for affirming ones, unlike the equivalent provision in New South Wales. This disparity in thresholds undermines the principle of providing equal access to care and raises concerns about the Act's impact on the mental health sector.

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 practices fails to account for situations where a person of faith with same-sex attraction freely seeks support from a pastor or faith-based counsellor to align their behaviour with their religious beliefs, thereby placing the counsellor at risk of liability and neglecting the autonomy and agency of the individual seeking support.

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 provided by the Victorian Law Reform Commission fail to provide a neutral and objective explanation of the Change or Suppression (Conversion) Practices Prohibition Act 2021, instead constituting an advocacy document that seeks to expand the Act's reach beyond its legislative requirements, thereby deterring Victorians from engaging in lawful conversations, pastoral care, and clinical practice by framing them as potential conversion practices, and producing a chilling effect by casting a wide net of potential prohibition over an overly broad range of conduct.

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 engage with the findings of the Cass Review, a comprehensive and independent review of gender medicine for children and young people, to ensure the Change or Suppression (Conversion) Practices Prohibition Act 2021 is informed by the latest evidence and best practices. The Cass Review's findings have significant implications for the treatment and care of children and young people experiencing gender dysphoria, and its recommendations should be carefully considered in the context of the Act. Furthermore, any materials or resources that contradict the Cass Review's findings should not be permitted to stand as authoritative guidance under the Act. This is essential to ensure that the Act prioritizes the well-being and safety of children and young people. The Act's effectiveness in protecting vulnerable individuals depends on its alignment with credible, evidence-based research.

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

The provision allowing for civil claims under the Change or Suppression (Conversion) Practices Prohibition Act 2021 creates a concerning dynamic, as it enables any individual who feels aggrieved to bring a claim, with a lower standard of proof required compared to criminal prosecution, and costs imposed on the respondent regardless of the outcome. This has the effect of casting a wide net of potential liability, resulting in a pervasive chilling effect on speech that extends far beyond any legitimate regulatory purpose, ultimately stifling open discussion and debate.