

**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 appears to prioritize intersectional politics over the identification and prevention of genuine harm, with a definition of "change or suppression practice" that is so broad it encompasses harmless conduct while neglecting to provide clear guidance on the coercive or abusive behavior that actual victims of conversion practices have reported, thereby diluting the law's effectiveness in protecting those who truly require safeguarding.

**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 the protection of exploratory or Socratic questioning, leaving healthcare professionals vulnerable to liability for simply exploring alternative possibilities with their patients. This concern is exacerbated by the carve-out for practices that encourage or promote gender transition, which effectively privileges an affirmation-only approach and undermines the provision of neutral and evidence-based care.

**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 express example that psychotherapy is a prohibited suppression activity unless it falls within the exemption has a profound chilling effect on clinical practice, as it creates uncertainty and fear among practitioners about the legitimacy of their work. This provision, combined with the necessity exemption's higher threshold for non-affirming interventions, unfairly discriminates against certain clinical approaches and undermines the principles of evidence-based practice. The Act must be amended to ensure that reasonable professional judgment is allowed to encompass minority or dissenting clinical approaches, and that practitioners with non-affirming clinical views can be confident their ordinary professional practice is protected where it is evidence-based and 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 definition of change or suppression practices fails to account for individuals who, due to their deeply held religious beliefs, may seek support to live a life consistent with their faith while experiencing same-sex attraction. A pastor or faith-based counsellor who provides such support in response to a request from a person of faith would, under the current provisions, risk liability despite the person having freely sought out that support.

**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.**

When developing materials under the Change or Suppression (Conversion) Practices Prohibition Act

2021, the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) should be required to consider current best-evidence guidance to ensure the well-being and safety of all individuals, particularly vulnerable young people. The VEOHRC should specifically engage with the findings of the Cass Review and other up-to-date systematic reviews of the evidence on gender-affirming care, and materials that uncritically adopt affirmation of gender identity as the only medically appropriate option should not be permitted to stand as authoritative guidance under the Act.

**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 risks capturing innocuous conversations and expressions of sincerely held views, potentially rendering liable individuals who engage in discussions in private settings, such as therapy sessions, or public forums, including sermons. The provision of a private right of action through civil tribunals is particularly concerning, as it enables any individual to bring a claim with a lower standard of proof, thereby imposing significant costs and burdens on respondents regardless of the outcome.