

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 eradication of genuine instances of serious harm in the community, with a definition of "change or suppression practice" so expansive that it ensnares harmless conduct while failing to provide clear guidance on the coercive or abusive conduct that truly victimizes individuals, thereby necessitating a more precisely targeted approach that distinguishes between ordinary conversations, pastoral care, and clinical practice, and the kind of harm the law aims to prevent.

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 Act is overly broad and fails to provide sufficient clarity, leaving open the possibility that exploratory or Socratic questioning, such as discussing alternative possibilities including same-sex attraction or ruling out other diagnoses like autism spectrum disorder, could be construed as a prohibited practice. This lack of clarity creates uncertainty for pastors and faith leaders, who cannot be expected to know with certainty whether their teaching constitutes a prohibited practice, and represents an unprecedented intrusion of the state into the content of religious doctrine.

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

The Act's broad definitions and sweeping prohibitions create significant uncertainty for practitioners who hold non-affirming clinical views, even when their practices are evidence-based and conducted with informed consent. The legislation's failure to provide clear protections for reasonable professional judgment means that clinicians who take a minority or dissenting approach, despite the contested evidence base, risk being caught by the Act's prohibitions. This has the discriminatory effect of singling out clinicians of faith for adverse treatment, while clinicians whose approach is informed by other ideological commitments are not subject to the same scrutiny.

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 provide clear guidance on what constitutes a "change or suppression practice" leaves pastors and faith leaders uncertain as to whether their ordinary pastoral care, prayer, or scripture-based counsel may expose them to liability, resulting in a chilling effect on religious communities and 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 Victorian Law Reform Commission's consultation process is fundamentally flawed by its assumption that affirmation of gender identity is the only acceptable approach, rendering it incapable of producing balanced or evidence-based recommendations. The biased consultation materials, which characterise a wide range of conduct as potentially prohibited, create a chilling effect that undermines the very purpose of the consultation, stifling genuine participation and hindering the submission of diverse perspectives.

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 development of materials under the Change or Suppression (Conversion) Practices Prohibition Act 2021 should be informed by current best-evidence guidance. In doing so, the Commission should also engage with other up-to-date systematic reviews of the evidence on gender-affirming care to ensure a comprehensive understanding of the issues. The Commission's failure to consider the findings of the Cass Review, as well as other credible sources, risks resulting in materials that uncritically adopt affirmation of gender identity as the only medically appropriate option, potentially 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 imposition of costs on respondents, even those who ultimately succeed, creates a significant barrier to the exercise of free speech and freedom of religion, as it deters individuals from engaging in pastoral activities for fear of incurring substantial financial burdens. This provision has a chilling effect on religious leaders, including pastors, priests, imams, and rabbis, who may be reluctant to offer prayer, counsel, or scripture-based guidance to individuals seeking their help, for fear of facing civil liability simply for expressing their faith tradition's teaching.