

**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 prioritises 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 lacks clear guidance on coercive or abusive conduct. This broad definition risks capturing ordinary conversations, pastoral care, and clinical practice that cause no harm, while failing to effectively target and protect victims of serious harm from conversion practices.

**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 carve-out for practices that encourage or promote gender transition raises concerns about unequal protection, as it explicitly shields affirmation from liability while leaving non-affirmation practices vulnerable. This uneven approach undermines the principle of neutrality, and the definition of prohibited conduct should be revised to clearly protect exploratory and Socratic questioning, ensuring that clinicians can provide comprehensive care without fear of liability.

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

The Act's prohibition on change or suppression practices may inadvertently capture ordinary professional practice by practitioners who hold non-affirming clinical views, even where their conduct is evidence-based and undertaken with informed consent. This lack of clarity undermines the confidence of such practitioners in their ability to provide care that aligns with their clinical judgment, potentially to the detriment of their clients. The Act should be amended to ensure that reasonable professional judgment is allowed to encompass minority or dissenting clinical approaches, reflecting the contested nature of the evidence base in this area.

**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 a clear exemption for consensual support and guidance sought by individuals who wish to reconcile their faith with their same-sex attraction raises concerns about the unintended consequences of criminalising well-intentioned pastoral care, as a pastor or faith-based counsellor responding to such a request would risk liability under the Act despite the individual's voluntary engagement with their services.

**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 assumption that sexual orientation and gender identity change efforts are universally harmful is a contested clinical position not supported by the best available evidence, including the Cass Review.

This assumption undermines the integrity of the consultation process, as it cannot produce balanced or evidence-based recommendations when a predetermined outcome is embedded in the framework. The consultation document's framing of the issue is therefore not a neutral description of the law, but rather an advocacy document seeking to maximise the reach of the Act beyond what the legislation requires.

**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 materials that uncritically adopt affirmation of gender identity as the only medically appropriate option risk causing serious harm to vulnerable young people, and therefore, the Commission should be required to consider current best-evidence guidance when developing materials under the Change or Suppression (Conversion) Practices Prohibition Act 2021, including engaging with the findings of the Cass Review, the most comprehensive independent review of gender medicine for children and young people ever conducted.

**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 overly broad definition of change or suppression practices creates a pervasive chilling effect on speech that goes far beyond any legitimate regulatory purpose, as individuals will be reluctant to express their sincerely held views in various settings, including conversations, sermons, therapy sessions, or public forums, for fear of triggering liability.

