

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 of genuine harm in the community. The Act's definition of "change or suppression practice" is overly broad, encompassing conduct that is harmless and failing to provide clear guidance on what constitutes coercive or abusive conduct that warrants protection. A law genuinely concerned with safeguarding victims should be precisely targeted at serious harm, rather than drafted so broadly that it captures ordinary conversations, pastoral care, and clinical practice.

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 under the law. By explicitly exempting affirmation practices, the Act leaves non-affirmation approaches vulnerable to liability, potentially chilling open and exploratory discussions between healthcare providers and their clients. A genuinely neutral law would not privilege one clinical approach over another, instead allowing for a range of evidence-based practices to be employed without fear of reprisal.

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

The Act's definition of "health service" must be amended to ensure that reasonable professional judgment is allowed to encompass minority or dissenting clinical approaches, given the contested evidence base surrounding conversion practices. This is necessary to protect practitioners who hold non-affirming clinical views, as the current provisions do not provide sufficient assurance that their ordinary professional practice will be protected, even when 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 broad definition of "change or suppression practices" poses a significant risk to individuals who freely seek spiritual guidance from their faith leaders, as a pastor or faith-based counsellor responding to such a request could be liable under the Act. This is an extraordinary intrusion into both religious freedom and individual autonomy, particularly for LGB individuals of faith who may consensually seek support to live and practise their religion in a way that aligns with their same-sex attraction.

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 on the Change or Suppression (Conversion) Practices Prohibition Act 2021 is fundamentally flawed by its failure to distinguish between same-sex attracted individuals and those with diverse gender identities, thereby neglecting the unique concerns and needs of same-sex attracted Victorians. By failing to make this critical distinction, the consultation materials create a chilling effect, characterising a broad range of conduct as potentially prohibited, and betray a clear advocacy bias that exceeds the legislative intent of the Act, inappropriately conflating sexual orientation and gender identity.

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 (VEOHRC) materials, which uncritically adopt affirmation of gender identity as the only medically appropriate option, pose a significant risk of causing serious harm to vulnerable young people. This approach overlooks the complexity of gender dysphoria and the need for a comprehensive, evidence-based treatment plan. To mitigate this risk, VEOHRC should be required to consider current best-evidence guidance when developing materials under the Change or Suppression (Conversion) Practices Prohibition Act 2021. Furthermore, such materials should not be permitted to stand as authoritative guidance under the Act, as this could lead to the marginalization of alternative perspectives and treatment approaches. Ultimately, the Act should prioritize the well-being and safety of all individuals, particularly vulnerable young people, by ensuring that guidance materials are grounded in rigorous scientific evidence.

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

The introduction of a civil cause of action under the Change or Suppression (Conversion) Practices Prohibition Act 2021 risks being exploited to target LGB-affirming therapists and counsellors, undermining their ability to provide nuanced and supportive care to their clients. This provision creates a stark imbalance, where only one side of the clinical debate is exposed to liability, thereby picking winners and losers in a contested field and exerting a chilling effect on speech that goes far beyond any legitimate regulatory purpose.