

**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 law mandates so-called affirmative care (which many would call conversion). These therapies are banned in Britain and Scandinavia. I am unclear why you are even seeking submissions when the evidence is in. It protects nobody.

**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?**

By explicitly protecting affirmation practices, the Act leaves non-affirmation approaches vulnerable to liability. It undermines the independence of mental health professionals.

**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 framing of the consultation materials assumes that affirmation of gender identity is the only medically appropriate option. This is a highly contested position which should not be assumed by legislators.

**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 Cass review is more complete than anything that has been done or planned in Australia. VEOHRC materials do not adequately account for the potential risks and uncertainties associated with such an approach. By acknowledging and addressing these limitations, VEOHRC can help ensure that its guidance is safe and effective for all individuals.