

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 change or suppression practices defaults to an affirmation-only approach, which undermines its purported neutrality on the matter of sexual orientation and gender identity. A genuinely neutral law would not privilege one clinical approach over another, yet the carve-out for practices that encourage or promote gender transition explicitly protects affirmation while leaving non-affirmation exposed to liability, and fails to clearly protect exploratory or Socratic questioning, including exploring alternative possibilities such as same-sex attraction and ruling out other diagnoses.

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 "change or suppression practices" must be revised to allow for reasonable professional judgment that incorporates minority or dissenting clinical approaches, given the contested evidence base surrounding these issues. The necessity exemption, as currently drafted, unfairly raises the threshold for non-affirming interventions above that for affirming ones, a discrepancy not present in the NSW equivalent. The explicit classification of psychotherapy as a prohibited suppression activity, unless exempt, will undoubtedly create a chilling effect on clinical practice, where mental health professionals may avoid providing certain therapies to avoid potential liability.

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 Change or Suppression (Conversion) Practices Prohibition Act 2021 fails to account for the complex and deeply personal circumstances of an LGB person of faith who consensually seeks support to reconcile their same-sex attraction with their religious beliefs and practices. This oversight represents an extraordinary intrusion into both religious freedom and individual autonomy, as it disregards the right of individuals to seek guidance and support from their faith leaders and communities. A pastor or faith-based counsellor who responds to such a request in good faith would risk liability under the Act, despite the individual having freely sought out that support.

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 on the Change or Suppression (Conversion) Practices Prohibition Act 2021 is fundamentally flawed, as it proceeds from the assumption that the Act's provisions are sound and do not require critical examination. This assumption undermines the integrity of the consultation process, rendering it incapable of producing balanced or evidence-based recommendations. The consultation materials exacerbate this problem by casting a wide net, characterising a broad range of conduct as potentially prohibited, and thereby

producing a chilling effect on lawful speech and activity. Furthermore, the materials betray a bias in favour of affirmation of gender identity as the only medically appropriate option, despite this being a contested clinical position not supported by the best available evidence, including the Cass Review. By framing ordinary conversations, pastoral care, and clinical practice as potential conversion practices, the materials deter Victorians from engaging in lawful and legitimate activities.

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 should engage with the findings of the Cass Review, a comprehensive and independent review of gender medicine for children and young people, to ensure that its understanding of best practice is informed by the most up-to-date and rigorous evidence, rather than relying on materials that uncritically adopt affirmation of gender identity as the only medically appropriate option, which may cause serious harm to vulnerable young people, and should also consider other systematic reviews of the evidence on gender-affirming care to ensure a comprehensive understanding of the issues.

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

The provision allowing a private right of action through civil tribunals is a particularly concerning aspect of the Act, as it represents the most chilling form of speech regulation available. This is because civil claims can be brought by any individual who feels aggrieved, with a lower standard of proof and costs falling on the respondent regardless of outcome, thereby creating a significant risk of liability for individuals who express sincerely held views in everyday conversations, sermons, therapy sessions, or public forums.