

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 Act's overbroad definition of "change or suppression practice" prioritizes the advancement of intersectional politics over the identification and prevention of genuine instances of serious harm in the community. As a result, the legislation fails to provide clear guidance on what constitutes coercive or abusive conduct, instead capturing ordinary conversations, pastoral care, and clinical practice that cause no harm, while potentially overlooking the kind of serious harm that genuine victims of conversion practice have described

2. To what extent do you think the community is aware of and understands: a. the Act and how it works b. what change or suppression practices are and c. the harm caused by change or suppression practices

I do not think very many people in the community have any idea of the extend of the act or legislation for a,b and c.

3. Could the Act's operation and effectiveness be improved? If so, how?

Yes, by removing it.

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 vague definition of prohibited conduct creates a climate of uncertainty for pastors and faith leaders, who cannot know with certainty whether their teaching on matters of faith and doctrine constitutes a prohibited practice, thereby imperiling their freedom to exercise their religious duties.

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

The Act's provisions have created uncertainty for practitioners with non-affirming clinical views, who cannot be confident that their ordinary professional practice is protected, even where it is evidence-based and conducted with informed consent. This is because the necessity exemption sets a higher threshold for non-affirming interventions than for affirming ones, and the Act's failure to allow for reasonable professional judgment to include minority or dissenting clinical approaches undermines the integrity of the therapeutic relationship.

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 represents an extraordinary intrusion into both religious freedom and individual autonomy, as it fails to provide clear boundaries for pastors and faith leaders to exercise their duties without fear of liability. The Act's ambiguity has a serious chilling effect on religious communities, and to mitigate this, it should be amended to provide clear examples of faith-based practices that are explicitly protected, rather than merely cautioning

that they may contravene the Act.

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 consultation materials have a chilling effect by casting a wide net over various forms of conduct, potentially capturing ordinary conversations, pastoral care, and clinical practice within the scope of prohibited conversion practices. This broad characterisation has the effect of deterring Victorians from engaging in lawful speech and activity, out of fear of unwittingly contravening the Act. The failure to distinguish between different groups, particularly same-sex attracted individuals, and the conflation of same-sex attraction with gender identity, undermines the legitimacy of the consultation process.

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.

In developing its guidance on the Change or Suppression (Conversion) Practices Prohibition Act 2021, the Victorian Equal Opportunity and Human Rights Commission should engage with the findings of the Cass Review, the most comprehensive independent review of gender medicine for children and young people ever conducted. The Commission's materials that uncritically adopt affirmation of gender identity as the only medically appropriate option risk causing serious harm to vulnerable young people, as they fail to acknowledge the complexity and uncertainty of the evidence in this area. The Commission should revisit its materials to ensure they reflect a more nuanced understanding of the issues, and those that do not should not be permitted to stand as authoritative guidance under the Act.

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 inclusion of a civil cause of action against faith leaders and pastoral care activities would have a devastating impact on religious communities, who would be forced to abandon their core beliefs and practices to avoid liability. The costs burden on respondents, even those who ultimately succeed in defending themselves, creates a powerful deterrent against any pastoral engagement with questions of identity and sexuality. This provision would effectively silence faith leaders and pastors, who could face civil liability simply for expressing their faith tradition's teaching on these matters.