

**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 instances of serious harm within the community. The overly broad definition of "change or suppression practice" ensnares conduct that is entirely harmless, yet neglects to provide clear guidance on the coercive or abusive conduct that has been reported by actual victims of conversion practice. A law intended to safeguard victims should be precisely targeted at preventing serious harm, rather than being drafted so broadly that it inadvertently 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 Change or Suppression (Conversion) Practices Prohibition Act 2021's definition of change or suppression practices defaults to an affirmation-only approach, which raises concerns about the potential erosion of clinical nuance and the limitation of therapeutic options for individuals seeking help. A genuinely neutral law would not privilege one clinical approach over another, yet the Act's carve-out for practices that encourage or promote gender transition explicitly protects affirmation while leaving non-affirmation exposed to liability, and the definition of prohibited conduct does not clearly safeguard exploratory or Socratic questioning, including exploring alternative possibilities.

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

The necessity exemption in the Change or Suppression (Conversion) Practices Prohibition Act 2021 is problematic in that it establishes a higher threshold for non-affirming interventions than for affirming ones, diverging from the approach taken in the equivalent NSW legislation. This disparate treatment creates an uneven playing field, where practitioners may be more likely to face scrutiny for providing non-affirming care, even when it is evidence-based and provided with informed consent. As a result, practitioners who hold non-affirming clinical views cannot be confident that their ordinary professional practice is protected, despite being grounded in best practice and respect for patient autonomy.

**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 seeks to regulate the interactions between individuals and their chosen spiritual advisors. A pastor or faith-based counsellor who responds to a person's request for support in living out their faith in accordance with their same-sex attraction risks liability under the Act, despite the person having sought out that support freely and consensually.

**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' overly broad framing of ordinary conversations, pastoral care, and clinical practice as potential conversion practices has a deterrent effect on Victorians, discouraging them from engaging in lawful speech and activity.

**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 developed under the Change or Suppression (Conversion) Practices Prohibition Act 2021 should not be permitted to stand as authoritative guidance under the Act unless they are grounded in current best-evidence guidance. To ensure that the materials are evidence-based and do not cause harm to vulnerable young people, VEOHRC should be required to consider the findings of the Cass Review and other up-to-date systematic reviews of the evidence on gender-affirming care, rather than uncritically adopting affirmation of gender identity as the only medically appropriate option.

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

The provision of a private right of action through civil tribunals under the Change or Suppression (Conversion) Practices Prohibition Act 2021 is a draconian measure that poses a significant threat to freedom of expression. By allowing any individual to bring a civil claim, with a lower standard of proof and costs imposed on the respondent regardless of outcome, the Act creates a chilling effect on speech that is unmatched by traditional criminal prosecution.