

The following submission to this review has been received

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, thereby undermining its stated objective of protecting vulnerable individuals. The Act's overly broad definition of "change or suppression practice" captures innocuous conduct while neglecting to clearly articulate the specific forms of coercive or abusive behavior that are most likely to cause harm, resulting in a law that fails to provide meaningful protection for those who have been genuinely harmed by conversion practices.

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 may inadvertently restrict open and nuanced discussions about an individual's experiences and feelings. This provision is concerning as it may limit a practitioner's ability to engage in exploratory or Socratic questioning, which is a crucial aspect of understanding an individual's circumstances. The lack of clear protection for such questioning, including exploring alternative possibilities such as same-sex attraction or ruling out other diagnoses, may lead to unintended consequences and undermine the provision of comprehensive care.

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

The Act's prohibition on change or suppression practices should be clarified to ensure that reasonable professional judgment is not constrained to a single clinical approach, but rather allows for the consideration of minority or dissenting views, given the complexity and contested nature of the evidence base. This is necessary to safeguard the rights of practitioners who hold non-affirming clinical views, who currently cannot be confident that their ordinary professional practice is protected, even where 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 creates a risk of liability for pastors or faith-based counsellors who respond to a person's voluntary request for support to live in accordance with their religious beliefs, despite the individual having freely sought out such guidance.

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' broad characterization of potentially prohibited conduct is likely to produce a chilling effect, deterring Victorians from engaging in lawful speech and activity. This outcome is particularly concerning given that the materials are based on a contested clinical position

that is not supported by the best available evidence, including the Cass Review. The consultation materials also reveal a bias in favour of affirmation of gender identity as the only medically appropriate option, which is not a universally accepted position. By framing ordinary conversations, pastoral care, and clinical practice as potential conversion practices, the materials have the potential to restrict the freedom of speech and the practice of healthcare professionals. This has significant implications for the well-being and autonomy of individuals, particularly those who may be seeking alternative perspectives or support.

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 consideration of the Change or Suppression (Conversion) Practices Prohibition Act 2021 should extend to a comprehensive review of the latest systematic reviews of evidence on gender-affirming care, beyond the cited sources, to ensure a nuanced understanding of the complexities involved.

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

The Change or Suppression (Conversion) Practices Prohibition Act 2021 has far-reaching implications that extend beyond its intended regulatory purpose, creating a pervasive chilling effect on speech that stifles open discussion and debate. The Act's broad provisions and lack of clear definitions will inevitably lead to self-censorship, as individuals and organizations avoid discussing certain topics altogether to minimize the risk of being targeted under the legislation. Furthermore, the Act's civil penalties regime, which allows claims to be brought by any individual who feels aggrieved with a lower standard of proof and no guarantee of costs protection, will disproportionately burden respondents, regardless of the outcome, and further exacerbate the chilling effect on free speech.