

The following submission to this review has been received

**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**

The community is largely ignorant of the Act.

Even the language used is - presumably not deliberately - misleading: what could be more like a 'conversion' than changing from one gender to another?? The uninformed with a superficial view might reasonably be uncertain as to whether the Act supports or wishes to stop gender 'conversion'!

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

In relation to gender transition, the Act utterly puts the cart before the horse. Despite the social acceptance by a noisy minority that gender transition is part of a range of normal in the world, this remains contested by the general public and, crucially, by a great many medical practitioners, were they not cowed into silence by government, regulatory (i.e. AHPRA), and social condemnation (e.g. Dr ██████████).

Despite loud claims in the vein of 'the Science is settled' there remains genuine clinical equipoise which the Act races ahead of.

**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 carve-out for practices that explicitly encourage or promote gender transition creates a concerning imbalance, as it shields affirmation practices from liability while leaving non-affirmation approaches vulnerable to prosecution. The definition of prohibited conduct under the Act defaults to an affirmation-only approach, failing to clearly protect exploratory or Socratic questioning, including discussions that consider alternative possibilities such as same-sex attraction or rule out other diagnoses like autism spectrum disorder.

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

Health service providers proceed on the assumption that there is no exclusion for them. The Act's definition of "change or suppression practice" and the exemption for health services are ambiguous, leaving practitioners with non-affirming clinical views uncertain whether their ordinary professional practice is protected, even when it is evidence-based and conducted with informed consent. This uncertainty is compounded by the necessity exemption, which, unlike the equivalent provision in NSW, unjustifiably imposes a higher threshold for non-affirming interventions than for affirming ones, undermining the principle of allowing reasonable professional judgment, including minority or dissenting clinical approaches, in the face of a contested evidence base.

**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 raises concerns regarding the rights of individuals to seek support from faith-based counsellors or pastors. A person who freely requests guidance from a pastor or faith-based counsellor on how to reconcile their faith with their same-sex attraction may inadvertently place that counsellor at risk of liability under the Act. This provision fails to account for the autonomy of individuals who actively seek out such support, and instead, subjects the counsellor to potential prosecution. The Act's narrow focus on protecting individuals from coercive practices overlooks the needs of LGB individuals of faith who consensually seek support to live and practise their religion in a way consistent with their same-sex attraction. As a result, these individuals are not adequately catered for by 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 Victorian Equal Opportunity and Human Rights Commission (VEOHRC) plays a crucial role in developing materials under the Change or Suppression (Conversion) Practices Prohibition Act 2021. In order to ensure that these materials are accurate, effective, and safe, VEOHRC should be required to consider current best-evidence guidance when developing them. This should include engaging with the findings of the Cass Review, the most comprehensive independent review of gender medicine for children and young people ever conducted, to ensure that the materials reflect the latest research and evidence-based practices.

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

The definition of "change or suppression practice" in the Act is overly broad, encompassing a wide range of interactions where an individual may express a sincerely held view on matters of sexuality or gender. This provision has the potential to capture not only malicious conduct, but also ordinary conversations, sermons, therapy sessions, and public forums, thereby exposing individuals to liability for simply expressing their opinions. The imposition of a private right of action through civil tribunals, with its attendant risks of reputational damage and financial penalty, is the most chilling form of speech regulation available, and will inevitably stifle legitimate debate and discussion.